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CIS

FEDERAL AGING PROGRAMS OVERSIGHT

HEARING

BEFORE THE

SELECT COMMITTEE ON INDIAN AFFAIRS
UNITED STATES SENATE

NINETY-SEVENTH CONGRESS

FIRST SESSION

ON

OVERSIGHT OF FEDERAL AGING PROGRAMS

DECEMBER 9, 1981

WASHINGTON, D.C.

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FEDERAL AGING PROGRAMS OVERSIGHT

DECEMBER 9, 1981

U.S. Senate,
Select Committee on Indian Affairs,
Washington, D.C.

The committee met, pursuant to notice, at 10:15 a.m., in room 357, Russell Senate Office Building, Senator Dennis DeConcini (acting chairman) presiding.

Present: Senator DeConcini.

Staff present: Timothy C. Woodcock, staff director; Jo Jo Hunt, staff attorney; John Mulkey, legislative assistant; and June Tracy, legislative aide.

Senator **DeConcini**. The hearing will come to order.

The purpose of this hearing before this committee is to receive testimony from the administration witnesses and tribal witnesses regarding Federal aging programs for Indians. This is a general oversight hearing to determine which Federal agency has responsibility to take the lead in funding Indian aging programs.

In addition, we would appreciate hearing from the tribal witnesses of any problems they have encountered with the Indian provisions of the Older Americans Act, and with their aging programs coordinating and interfacing with the Bureau of Indian Affairs social services or county social services. We also hope to hear any recommendations that tribal leaders might have for improving the programs available for elderly Indian citizens.

I am happy to welcome my constituents from Arizona, members of the Navajo Tribe, to this hearing. I am concerned with problems which the tribe has faced for sometime in its effort to serve its senior citizens. Other tribes have probably had similar problems and we need to begin to take a serious look at these problems, and I thank the chairman for scheduling these oversight hearings.

Our first witness today will be Lennie-Marie P. Tolliver, Commissioner, Administration on Aging, Office of Human Development Services, Department of Health and Human Service.

Is the Commissioner here?

Dr. **Tolliver**. Yes.

Senator **DeConcini**. Good morning, Commissioner. We are pleased to have you, and you will be joined by David Lester, Commissioner of Administration for Native Americans. Is that right?

Dr. **Tolliver**. That is right.

Senator **DeConcini**. I welcome both of you.

STATEMENT OF DR. LENNIE-MARIE P. TOLLIVER, COMMISSIONER, ADMINISTRATION ON AGING, DEPARTMENT OF HEALTH AND HUMAN SERVICES, ACCOMPANIED BY DAVID LESTER, COMMISSIONER OF ADMINISTRATION FOR NATIVE AMERICANS

Dr. TOLLIVER. Thank you, Mr. Chairman, members of the Select Committee on Indian Affairs.

I would like to thank you for giving me this opportunity to present testimony outlining the role of the Department of Health and Human Services in serving elderly Native Americans. I am Dr. Lennie-Marie P. Tolliver, Commissioner of the Administration on Aging; the agency which administers programs under the Older Americans Act. With me is A. David Lester, Commissioner, Administration for Native Americans.

In my remarks today I will make a brief statement about the status of the elderly Native Americans as compared to the elderly in the population as a whole. Then I will focus on departmental programs which directly affect the elderly Native Americans, especially the programs of the Older Americans Act.

Mr. Chairman, prior to my selection as the U.S. Commissioner on Aging, I was a resident of the State of Oklahoma and had opportunities to work closely with several Native Americans from various tribes. I have traveled extensively in the South and West where I have particularly observed, firsthand, the living conditions of urban and reservation Indians.

I am sensitive to the role elderly Indians play in retaining and passing on to succeeding generations the customs and traditions of their tribes, something which is very important to Indian people on and off the reservation.

As an administrator within the Department of Health and Human Services, I am also conscious of our responsibility in carrying out the Federal Government's commitment to Indian self-determination.

The Department's commitment to this policy has most recently been demonstrated in Secretary Schweiker's decision that all Indian tribes and tribal organizations which informed the Department of their interest in administering programs under a block grant would be eligible for direct funding under the five Health and Human Services block grants to the States which allow for direct funding to Indian tribes.

The five block grants are alcohol, drug abuse and mental health; preventive health; primary care; community services; and low-income energy assistance. Tribes are eligible in those States which elect to implement the block grant.

As of mid-November, 338 tribes and tribal organizations have signaled their intent to apply for the community services block grant and 268 for the low-income energy block grant. The deadline for receipt of the applications is December 14.

It goes without saying that the elderly tribal members will be among those who will benefit under the direct funding provisions of these grants.

Mr. Chairman, in 1980 the Native American population was approximately 1.4 million, an increase of 72 percent over the 1970 census figures. Of this number, however, there are only about 108,000 Indians who are age 60 or over.

The Indian Health Service indicates that life expectancy for American Indians is increasing at a far greater pace than that of the non-Indian population. Life expectancy at birth for Indian people increased from 60 years in 1950 to 65.1 years in 1970, the latest year in which complete figures are available.

The life expectancy of the non-Indian population during that same period went from 68.2 years to 70.9 years. We believe that improvement in the life expectancy for Indian people has continued to outpace that of the non-Indian population in part because of the efforts of the Indian Health Service and the increasing capacity of tribes to meet the needs of their members. I will have more to say about this later.

I would like to turn now to the programs which are administered by the Administration on Aging, which later will be referred to as AOA, under the Older Americans Act of 1965, as amended.

AOA was established in 1965 under the provisions of the act to provide leadership in the Federal Government for building a strong local-State-Federal partnership to address the problems and concerns of older Americans.

Title III of the act gives AOA responsibility for aiding States and communities in developing comprehensive and coordinated service systems for meeting the needs of people over 60. Formula grants for social and nutrition services are awarded to State agencies on aging which then make grants to area agencies on aging. Area agencies subsequently make grants to local providers for actual service delivery.

Title VI, established by the amendments of 1978, authorized the Commissioner on Aging to implement a new program of direct grants to eligible Indian tribal organizations to, and I quote from the act, "promote the delivery of social and nutritional services for older Indians that are comparable to the services provided under title III." Title VI was funded for the first time in fiscal year 1980.

In that year AOA awarded $6 million to 85 tribal organizations representing almost 15,000 elderly Indians. In 1981, 84 tribal organizations, representing almost 16,000 elderly Indians, received awards.

An analysis of the applications of 1980 reveals that the bulk of the $6 million was allocated for social services and well over one-third for nutrition. Only 3 percent was allocated for legal services and less than 2 percent for information and referral services. Most tribes allocated significant funds for transportation, although this is not a required service. The 1980 awards ranged from $65,000 to $100,000 per tribe.

A major activity in the first year of funding was the provision of training and technical assistance. A contract for $200,000 was awarded to ACKCO, Inc., an Indian organization based in Denver, Colo, to assist title VI tribal organizations to improve their capacity to provide social and nutrition services. ACKCO conducted five regional training conferences with approximately 50 to 60 participants at each conference, provided considerable individual assistance to tribes and developed numerous information materials.

The results of the training were clear: the review of the second-year applications indicated increased capacity for program planning and management, and fiscal and program reporting.

I think that it is important to note that title III programs provided more than 47,000 units of service to elderly Indians in 1980. This represents 0.5 percent of those who received social services and 1.3 percent of those served by the nutrition program. Out of more than 600 area agencies on aging, 6 are predominantly Indian.

I would like to turn now to other programs in the Office of Human Development Services which serve elderly Indians, and from there to other programs in the Department.

The Administration for Native Americans—hereafter referred to as ANA—promotes social and economic self-sufficiency for all Native Americans. In its early years, its program funds were primarily used to support a basic administrative structure for tribal and off-reservation grantees, and to fill in service gaps. This was a startup strategy to help communities become more capable of managing their own affairs.

Today, however, ANA supports efforts by which reservation and off-reservation grantees can increase their participation in the private-sector economy to promote jobs and economic development. Its funds are used primarily to support local strategies for implementing social and economic development in keeping with local needs, priorities, and resources.

ANA has no financial assistance programs which are specifically directed toward the elderly. Elderly Indians, however, receive the benefits of ANA's developmental approach which strengthens governments in meeting human needs, promoting economic progress, and increasing the well-being of their members. Almost all of the urban centers supported by ANA in 1981 had programs for senior citizens, but many of these programs were supported from other sources.

Urban centers are encouraged to provide referrals and promote access to services that are available to the general population, including the elderly. That process goes well beyond referral, however. It encourages Indian citizens to participate actively on the boards and the commissions where decisions are made which affect the whole community, including Native Americans. This is important because, as you know, approximately one-half of all Indian people live off the reservation.

ANA also supports research efforts. I would like to call to your attention one project which should offer considerable help to the tribes, the Federal Government, and private groups.

The University of Oklahoma, with ANA funding, has recently abstracted and computerized all research by and about Native Americans since 1969 in almost every subject area. There are about 500 individual entries.

These subject areas include the elderly and can be broken down into sub-areas such as health, housing, and other subjects of interest to the elderly. This data bank has just become available for general use. Properly used, it may help disseminate research findings and, even better, may eliminate duplicative research efforts.

The programs which make up the Office of Human Development Services—hereafter referred to as HDS—are also attempting to coordinate and manage their resources more efficiently and effectively. One example is the cooperative management initiative, now in its start-up phase.

HDS discovered that dozens of Indian tribes received two or three HDS grants: from Head Start, AOA's Title VI, and ANA. This presented a tremendous paperwork and administrative burden on the tribes in both applying and reporting. It also represented considerable duplication of effort on the part of HDS.

With the support and assistance of a 15-member tribal advisory board, HDS has initiated a pilot project to offer a single application and simplification reporting procedures to 8 voluntary tribal participants, all of whom receive funding from the 3 program units in HDS. Grant applications are due December 20. Initial grants will be made in January.

It is important to note that HDS is not tampering with the programs. They retain their separate, special identities. HDS has, with tribal help, coordinated its own application and reporting mechanisms. We hope to benefit the tribes by reducing their administrative burdens and allowing them more time for coordinating and improving their own services to their members. This initiative is being undertaken within the mandates of the existing legislation.

HDS is also encouraging more tribal, county, State, and Federal cooperation in the implementing of programs which serve all Americans. As you know, there are many jurisdictional problems involving services to Indian people.

Last July, HDS sponsored, along with the Inter-Tribal Council of Arizona, the Arizona Department of Economic Security, and the Western States Policy Office, a conference attended by officials of 23 tribes, 3 intertribal councils, and 6 State governments.

Conference participants were fully invoved in identifying barriers to services and in sharing concrete examples of what is happening and what should be happening to improve the delivery of social services, especially as they relate to title XX, now the social services block grant program.

I would like to move from HDS to the Department as a whole, and particularly to our largest Indian program, the Indian Health Service. IHS has a service population of 44,000 persons age 65 or older out of a total service population of 829,000. The IHS, in response to the increasing number of older Indians, is placing special attention on health assessments, with timely followup to prevent unnecessary illness and disability. At the same time, services are being continued in areas of primary concern to the elderly, such as diabetes and arthritis.

Within the Department as a whole, there is considerable coordination among programs. Much of this coordination is encouraged and facilitated by the Intra-Departmental Council on Indian Affairs. This council is chaired by A. David Lester, the ANA Commissioner, and is made up of key officials within the Department of Health and Human Services, including the Assistant Secretaries and the heads of the Department's Indian programs. It is attended by representatives of Washington-based national Indian organizations and by representatives of other Federal departments.

The council and the Health and Human Services Department program offices have worked with the Departments of the Interior, Housing and Urban Development, Agriculture, and others to promote cooperative efforts, both formal and informal.

In conclusion, Mr. Chairman, I thought the select committee might be interested in a few recent examples of this spirit of cooperation and coordination.

Like other Americans, Indian people are eligible for all the services and programs offered by the Department as a whole. In 1979, the Administration on Aging and the Administration for Native Americans entered into an agreement to provide support for a 3-year demonstration project on a number of reservations for the purpose of assuring that elderly Indians had access to Federal programs.

In 1979, ANA entered into an agreement with the Indian Health Service to jointly provide management assistance and training to the Pueblo of Laguna in New Mexico to initiate and operate an elderly center with comprehensive health and social services. Later, ANA encouraged the Pueblo to use part of its financial assistance grant to support an automated data processing unit to complement the project.

The implementation of title VI was accomplished with the full assistance of ANA within the Department and with strong cooperation and support from the Bureau of Indian Affairs.

In 1980, the Navajo Tribe, AOA, and the Governors of Arizona, New Mexico, and Utah concluded negotiations which designated the Navajo Reservation as the Interstate Planning and Service Area for elderly tribal members under the Older Americans Act.

AOA and ANA jointly funded the National Indian Council on Aging which convened almost 1,500 elderly Indians in 1980 as a miniconference in preparation for the White House Conference on Aging.

On this latter point, Mr. Chairman, the White House Conference on Aging was held just last week in Washington, and, therefore, it is too early for us to have in hand the comments and recommendations of the approximately 40 elderly Indian delegates who participated.

However, we look forward to their comments, and specifically to the information which they will provide as to the cultural, social, and economic conditions which set older Indians apart from other older Americans.

Again, thank you for this opportunity to be with you. Commissioner Lester and I will be happy to answer any questions which the committee may have.

Senator DECONCINI. Thank you, Commissioner, very much. I do have some questions I would like to ask you.

Has there been consultation among the Federal agencies on the development of a national Indian policy on aging of which you or maybe your colleague knows?

Dr. TOLLIVER. There has been an initial meeting with the Intra-Departmental Council on Indian Affairs to which I referred earlier. Input from the council on the development of a national policy was requested.

Senator DECONCINI. Have you received any input or any preliminary indications?

Dr. TOLLIVER. Yes. I held a meeting with them prior to the opening of the White House Conference. Yesterday, I received copies of some of their policy position statements.

Senator DECONCINI. Are you satisfied that it is moving along very progressively?

Dr. TOLLIVER. Yes.

Senator **DeConcini**. Is the Department of the Interior part of this group?

Dr. **Tolliver**. No. Because I am just in the process of starting the review, it has been confined to the Office of Human Development Services.

Senator **DeConcini**. It has?

Dr. **Tolliver**. Yes.

Senator **DeConcini**. Do you anticipate expanding that so that the Department of the Interior would have some input—be part of this?

Dr. **Tolliver**. I would expect that we would want to involve any Federal department that would be appropriate. The Department of the Interior would certainly appear to be an appropriate agency. I want to point out that we are in the process of reviewing all of our interagency agreements to determine which agreements are appropriate at this particular time and which new agreements we need to negotiate.

Senator **DeConcini**. Mr. Lester, maybe you can help us. Has this type of process been put together before?

Mr. **Lester**. Not to my knowledge, Senator.

Senator **DeConcini**. Does it make good sense to have the Interior Department involved in a very meaningful way? It seems to me it does—to try to get their input here to see whether or not something that might come out as a policy recommendation, certainly should have their concurrence or disagreement.

Mr. **Lester**. I would like to just point out that the two Assistant Secretaries—Assistant Secretary for Human Development Services and Assistant Secretary for Indian Affairs—have been meeting and are laying out agendas of coordination between the two Departments in a number of areas. They both participated at the conference in Arizona last summer, and many of the programs in HHS do relate directly with programs and responsibilities in the Interior Department. So we are very aware of the need to coordinate that.

Senator **DeConcini**. Do you have a problem there, Mr. Lester, of including and getting to the core of any disagreements or any lack of policy within the agencies?

Dr. **Tolliver**. No. There would be no problem from our vantage point.

Senator **DeConcini**. Do you concur with me, or at least it is my preliminary observation, that we ought to have a national Indian policy on aging?

Dr. **Tolliver**. I think, considering the special circumstances as well as the cultural aspects of the Indian elderly, that we would certainly want to consider the need for a unique policy.

Senator **DeConcini**. Could you give us any idea when we might expect that?

Dr. **Tolliver**. We had our initial meeting about 1 week ago. I have not had an opportunity to review the policy positions that were received just yesterday. I cannot give you an exact time frame at this point for completion of any recommendations.

Senator **DeConcini**. Can you give us a ballpark figure of when? A year, 6 months, 3 months, or anything?

Dr. **Tolliver**. I have been thinking about it in terms of the spring of 1982.

Senator **DeConcini.** Let me turn to another problem. In the Navajo Tribe's efforts to implement the comprehensive service for aging, the Bureau stated that they viewed responsibility for Indian elderly to rest primarily with the Administration on Aging. Do you, at the Administration on Aging, have an interagency agreement with the BIA which delineates each agency's responsibility for aging?

Dr. **Tolliver.** No. We do not have an interagency agreement. However, we do want to emphasize that the Administration on Aging shares the responsibility for services to the Indian elderly with a number of Federal agencies; BIA, HUD, IHS, et cetera.

Senator **DeConcini.** Do you anticipate that might be forthcoming at any time soon, or is that going to depend on what the recommendations are that are submitted to you?

Dr. **Tolliver.** I think it would depend on the recommendations.

Senator **DeConcini.** I ask you, as kind of an outsider, and I do not mean this in any way about your not having total understanding of that Department, but you are new there; and I think that can play a very important role, because these positions that are subject to the appointment process as you have received, are important positions, indeed; and I think it is even more significant that someone from the outside sometimes holds those positions.

When you approached this, were you aware that there was no interagency agreement; when you have the BIA community service funds there and obviously a problem? What is your reaction to that?

Dr. **Tolliver.** The agreements that are currently in existence at the Administration on Aging were reviewed just yesterday. I was not aware until that time that we did not have an agreement. It would seem, if there are two agencies working with the same population, that it would be appropriate to complete an interagency agreement.

Senator **DeConcini.** Seems to make sense, and I appreciate that very candid answer, Commissioner.

Do you remember how many interagency agreements you do have, when you say you went over them just yesterday?

Dr. **Tolliver.** Approximately 24.

Senator **DeConcini.** That is a lot of them.

Dr. **Tolliver.** Yes.

Senator **DeConcini.** What is the process to monitor those interagency agreements? Is there an administrative process? Maybe you can help us, Mr. Lester.

Dr. **Tolliver.** Yes. There is a staff member within AOA who has the primary responsibility.

Senator **DeConcini.** There is for each agreement?

Dr. **Tolliver.** For each agreement. As of yesterday, we now have a person who will serve as a coordinator of the interagency agreement program.

Senator **DeConcini.** So, if you wanted to know on a day-to-day basis, there is a designated staff person who is supposed to be, "on top of it," most of the time.

Dr. **Tolliver.** Yes. That is right.

Senator **DeConcini.** Go ahead, Ms. Hunt. Do you want to ask a question?

Ms. **Hunt.** Commissioner, you indicated on page 8 of your statement that HDS is initiating a new voluntary procedure for eight tribal organizations to have a consolidated grant to cover various programs that they might have with HDS. This is the simplified paperwork. But you also indicate that those component programs will retain their separate, special identities. Who will be administering agency in HDS for this pilot project?

Dr. TOLLIVER. I would like to ask Commissioner Lester to respond.

Mr. LESTER. All three programs; the Head Start, the Aging, and ANA program use the same HDS grants office to process the grant awards. The applications that tribes send to HDS for an AOA grant or an ANA or a Head Start grant are sent to that office.

Under the consolidated approach, AOA would still maintain responsibility for the aging program component of that award. ANA would maintain responsibility for monitoring, evaluating, and of course reviewing the application for the ANA portion; and the Indian and Migrant Program Division of Head Start would continue its responsibilities under the Head Start program.

Ms. HUNT. In other words, this consolidated grant package would have program management under the individual respective agencies.

Mr. LESTER. That is correct.

Ms. HUNT. Under which office would financial management be?

Mr. LESTER. The financial management within HDS has always been lodged in the HDS staff office of the grants contracts management.

Ms. HUNT. How are we changing the status quo?

Mr. LESTER. What we are doing is, instead of requiring that a tribe make three separate applications to HDS for three separate programs, we are allowing them to make one application for three separate programs.

Ms. HUNT. That certainly makes sense. Of course, what I was concerned about was that program management remain with the respective agency, since probably ANA would not have much expertise in aging and vice versa.

Mr. LESTER. In fact, that was the advice we received from the 15-member tribal advisory group as well, you would be interested in knowing.

Ms. HUNT. Thank you.

Senator DECONCINI. Commissioner, one last thing. I wonder if you would be so kind as to forward to the committee here, when you make your recommendations, in the spring or whenever that time is, so we would have some idea what those are and we could then have an opportunity, perhaps, to look at them a little closer.

Dr. TOLLIVER. Yes, Mr. Chairman, I would be happy to do that.

Senator DECONCINI. Do you anticipate further funding cuts in your area of responsibility, and if you do, do you think it is a proper role for the AOA to participate with other agencies to encourage them to work with you in expanding or, if not expanding, utilizing these scarce resources?

No. 1, do you expect additional reductions from OMB, or have you been told?

Dr. TOLLIVER. At this time I do not know.

Senator DECONCINI. Do you want to guess?

Dr. TOLLIVER. I would prefer not to, Mr. Chairman.

Senator DECONCINI. I will be glad to guess.

Dr. TOLLIVER. I do think that it is very important that we work closely with other programs, both within government at all levels, and also within the private sector to try to maximize the resources that are available.

One of the purposes for starting the review of the interagency agreements was to begin to look internally at what we can do within the Federal Government. At the same time, we are also initiating activities externally in the private sector.

Senator DECONCINI. What do you have in mind, if anything, to stimulate the private sector, or to encourage the private sector to get involved more than it has, or are you waiting for recommendations?

Dr. TOLLIVER. No. We are currently in the process of developing some policy guidelines within the Administration on Aging to help to mobilize the private sector. These guidelines are focused to assist not only the Administration on Aging at the Federal level but also the field of aging in general. We have several projects that we have been reviewing in terms of what we have learned as a result of that experience that we can use in involving others.

Senator DECONCINI. Will that be part of your final recommendation?

Dr. TOLLIVER. Yes.

Senator DECONCINI. Will that also be part of what you will submit to us?

Dr. TOLLIVER. That is correct.

Senator DECONCINI. I have no further questions. Thank you very much, Commissioner. Thank you very much, Mr. Lester.

Our next witness is Theodore Krenzke, Director, Office of Indian Services, Bureau of Indian Affairs here in Washington. He is accompanied by Richard Thompson, assistant area director, Navajo area office of the BIA, Window Rock, Ariz. Gentlemen, we are very pleased to have you. If you could summarize your statements, we will put them in the record, without objection, in full. If you could just highlight those for us, please?

STATEMENT OF THEODORE KRENZKE, DIRECTOR, OFFICE OF INDIAN SERVICES, BUREAU OF INDIAN AFFAIRS, DEPARTMENT OF THE INTERIOR, ACCOMPANIED BY FRED THOMPSON, ASSISTANT AREA DIRECTOR FOR COMMUNITY SERVICES, NAVAJO AREA OFFICE; AND RAYMOND BUTLER, CHIEF, DIVISION OF SOCIAL SERVICES

Mr. KRENZKE. Mr. Chairman, I am pleased to present a brief overview of the Bureau's social services which affect aging Indians. And with me on my left is, it should be Mr. Fred Thompson rather than Richard Thompson, assistant area director for community services at our Navajo area office. On my right with me is Mr. Raymond Butler, Chief of our Division of Social Services.

Senator DECONCINI. I apologize for that.

Mr. KRENZKE. I will summarize the highlights of our statement.

The Bureau of Indian Affairs does not receive a specific appropriation from the Congress for an aging services or aging assistance program. Generally, however, elderly Indians are eligible for most Bureau services programs on the same basis as other Indians. And in some programs, such as for instance our housing improvement program, they indeed receive the bulk of the funds which are available.

However, tribes wishing to operate an aging services program must normally look to other resources for funding for this purpose. The prime source at present, as indicated by our previous witnesses, are title VI of the Older Americans Act, and also title II of the act. The grant assistance funds in the Bureau's social services program are requested, justified, and appropriated for general welfare assistance, for child welfare assistance, and miscellaneous assistance: not for aging services programs. These funds are appropriated by the Congress to meet the individual needs of Indian clients meeting eligibility criteria detailed in chapter 25, Code of Federal Regulations, chapter 20. This however, does not preclude the use of such funds for elderly persons meeting such criteria, and could include custodial care for adult Indians who, due to age or infirmity, need care and protection in a nonmedical setting.

In addition to requesting appropriations for grant assistance the Bureau requests funding for social services administration under a category, "all other social services." These funds may be used for administering the grant assistance program, for the provision of social casework services to social services clientele, or assisting tribes in the development of social services programs.

Under this latter criteria tribes may give priority for aging services program development. Although the budget authority for developing a social services program, including an aging services program, exists in reality this would in almost every case require a tribe to shift money from some other important and worthwhile program. Consequently, because most existing, "all other social services," funding is needed for grants assistance administration and providing at least minimal casework services, virtually no tribes have, from a practical standpoint, been able to avail themselves of this potential resource through the Bureau's social services program.

This concludes my statement. I will be happy to answer any questions that you might have.

Senator DeConcini. Thank you very much. I do have some questions.

The Navajo tribal testimony indicates that the Navajo Tribe requested a statement of policy on aging services from the Department of Interior in March of 1981. When and how did the Department and BIA respond to this request, do you know?

Mr. Krenzke. Offhand, Mr. Chairman, I am not aware that we have responded to that request, unless Mr. Butler recalls something to the contrary.

Mr. Butler. No. I do not.

Senator DeConcini. Would you please find out and let us know whether or not you have responded to the request, and if so, what that response was?

Mr. Krenzke. We will surely do so.

Senator DeConcini. Will you let us know that by next week sometime?

Mr. Krenzke. I would be happy to.

Senator DeConcini. Thank you.

The tribal testimony also states that the BIA-funded services for Indian elderly consists mainly of providing institutional care. What was the basis on which the BIA determined that the Indian elderly primary needs were institutional care and general assistance?

Mr. **Krenzke.** With your permission, Senator DeConcini, I would like to ask Mr. Butler if he will tackle that one, since he has been working directly on that.

Mr. **Butler.** Mr. Chairman, as indicated in our prepared statement, one of our general assistance program component parts has been the institutional and residential care of those Indian folks who have needed that type of service. It is not exclusively for the elderly folks. However, because of the age and infirmity situation, predominantly that service is offered to the elderly Indian folks.

We have an agreement between the Division of Indian Health where the Indian Health Service provides what is known as the classical class A nursing home care type of services to those folks, be they in need of that type of service, whether they are elderly or not. And the Bureau of Indian Affairs provides the basic custodial care for those individuals not requiring daily medical services. It can also involve children, Mr. Chairman, that are in need of that type of care.

Senator **DeConcini.** You have done some needs assessments for Indian elderly at the national and Navajo area level, I am advised. Did you do those needs assessments?

Mr. **Butler.** Not to my knowledge, Mr. Chairman, has this been under the auspices of the Bureau of Indian Affairs. I think, Mr. Chairman, that the National Indian Aging Council, which we have partially assisted through in-kind services over the last several years of their existence, along with funding from the Office of Aging, has done more in the area of needs assessment and analysis of the Indian elderly.

Senator **DeConcini.** Would that not be a logical thing to do, or is there some reason that has not been thought of—monetary—or can you tell me?

Mr. **Butler.** Mr. Chairman, from my point of view, if this is to be undertaken, I think it could be better undertaken under the auspices of the National Indian Aging Council than by any existing office of the Federal Government. They would have a greater degree of expertise in that area.

Senator **DeConcini.** Do you think they would be able to get all the information that would be needed to make such an assessment?

Mr. **Butler.** Mr. Chairman, very candidly, I think they could do a better job than we.

Senator **DeConcini.** What regulatory constraints have limited the BIA from supporting the area agency on aging concepts which are mandated by the Older Americans Act?

Mr. **Butler.** Well, sir, Mr. Chairman, I would not agree that it is a regulatory constraint.

Senator **DeConcini.** Is there any constraint?

Mr. **Butler.** Rather, it has been an appropriation constraint. Basically, our appropriations are received under the general authority of the Snyder Act which, in essence, Mr. Chairman, really says that we can expend moneys from time to time as Congress appropriates them for us. So that, were the Bureau of Indian Affairs privileged to have requested even years ago, moneys specifically for serving the Indian elderly and had through the budget process, OMB and the Congress eventually appropriated those funds to us, then we would be providing special services in an appropriated way for the Indian elderly. This has not happened.

Ms. HUNT. Since the Snyder Act is really quite a broad statute, what constraints do you have as to why you cannot request money to do exactly what you said? It seems to me as if the Snyder Act covers that, but I am talking about extra money, not to ask tribes to take money away from some other very important activity.

Mr. BUTLER. There is really no constraint against the Bureau of Indian Affairs asking for that type of money. Over the last several years, what we have actually seen taking place in practice is that, for example, I recall on two occasions, we specifically asked for money for alcoholism. These moneys were denied to us in terms of asking for them, based on the premise that Congress, in its wisdom, had decided to appropriate those funds to the National Institute of Alcohol and Drug Abuse, and, of course, you know, subsequent amendments directed specific amounts and set aside certain funds of that for the Indian Health Service to administer.

The same thing took place in the area of manpower programs. These moneys went to CETA, so that when the Older Americans Act came along in 1965, we were faced with the same kind of objections. When we would ask for moneys to specifically serve the elderly, we would go up before the examiners of OMB, and they would say: "No, we are not going to allow that. That comes over there."

A number of the tribes over the years were successful in getting small amounts of money through title III, and then when the 1978 amendments came along, and we were working very closely with the National Indian Aging Council, the Bureau of Indian Affairs took the position that we would support the direct funding of title VI in the Older Americans-Act, feeling that we would have a more successful route in bringing direct funding to Indian tribes for servicing the elderly than any attempts that we would have in terms of using the generic authority of the Snyder Act to secure an appropriation.

Ms. HUNT. So you are telling me that since the Older Americans Act has been in place, you have asked for money to serve the Indian elderly and could not clear it through the Department at OMB. You have tried.

Mr. BUTLER. That is correct. We have never succeeded going beyond OMB. And, if my recollection serves me, we only got there once.

Senator DECONCINI. Thank you. We have some questions here which I will submit to you. If you would respond to them for me, I would appreciate it.

Does the Bureau have a policy on providing services to the elderly? Is there such a stated policy?

Mr. BUTLER. There is no specific stated policy, Mr. Chairman, directly to the elderly.

Senator DECONCINI. Why not?

Mr. BUTLER. The position of the Bureau of Indian Affairs, inasmuch as we have never been successful in developing a funded program for the elderly is that the Indian elderly are eligible for all of the gratuity programs that the Bureau of Indian Affairs administers on the same basis as any other Indian citizen.

Senator DECONCINI. That is the policy, then.

Mr. BUTLER. That is the basic policy. And I think, as Mr. Krenzke pointed out earlier, Mr. Chairman, one of the larger program benefits that, from a statistical point of view, has gone to the Indian elderly has been that of housing.

Senator DECONCINI. Fine. Thank you very much, gentlemen.

[The prepared statement follows:]

PREPARED STATEMENT OF THEODORE KRENZKE, DIRECTOR, OFFICE OF INDIAN SERVICES, BUREAU OF INDIAN AFFAIRS, DEPARTMENT OF THE INTERIOR

Mr. Chairman and members of the committee, I am pleased to present a brief overview of the Bureau's social services programs which affect aging Indians.

The Bureau of Indian Affairs does not receive a specific appropriation for an aging services or assistance program. Tribes wishing to operate an aging services program normally must look to other resources for funding for this purpose. The basic resource at present is Title VI, Older American Act, (79 Stat. 218, as amended) which provides for grants to tribes for specific aging services activities.

The Bureau's position in this regard is that the Bureau of Indian Affairs social services grant assistance funds (funds appropriated for general welfare assistance, child welfare assistance, and miscellaneous assistance) are not requested, justified or appropriated for these purposes. These funds are appropriated by the Congress to meet the individual grant assistance needs of the Indian clients meeting eligibility criteria for social services and welfare assistance as provided in 25 CFR 20.

This provision does not preclude use of these grant assistance funds for those components in a tribal aging services contract which provide the kinds of assistance for eligible clientele normally funded by social services grant assistance moneys, that is, custodial care for adults which is essentially that nonmedical care and protection provided to an eligible client when, due to age, infirmity, physical or mental impairment, that client requires care from others in his or her daily living. This care may be provided in the most appropriate nonmedical setting.

In addition to requesting an annual appropriation for grant assistance the Bureau also requests an annual appropriation of funds for social services administration, that is, "all other social services". These particular funds are utilized to (A) administer the grant assistance program, (B) provide counseling services to social services clientele, and (C) assist tribes in development of social services programs. In this regard, the tribes may "band" or give priority to the Bureau's social service administration funds at the agency—tribal level so that these funds may be utilized for aging services program development. This "banding" or priority procedure would simply result in the tribe's shifting available funds from a low priority activity to a higher priority activity, rather than providing additional money.

Although the budgetary authority for developing social services including aging services programs exist, in reality, virtually all funding available for all other social services programs has been required for administration of grant assistance programs and a limited amount of casework counseling. Accordingly, few tribes have been able to allocate sufficient resources under the band priority process to initiate meaningful new aging or other social services programs. Due to the fact that such programing requires shifting of available funds rather than acquisition of new funds, it is expected that more tribes will begin to develop services delivery for the elderly after they have had an opportunity to analyze present expenditures and reestablish overall program priorities.

This concludes my prepared statement. I would be happy to answer any questions you or members of the committee may have.

Senator DECONCINI. Our next witness will be Howard McKinley, chairman, Navajo Nation Council on Aging. Mr. McKinley, you are accompanied by Mr. De Groat, director, Department of Aging. Is that correct?

Gentlemen, we have your statements. If you will summarize them for us. Please proceed. We welcome you here today.

STATEMENT OF HOWARD McKINLEY, VICE PRESIDENT, NAVAJO NATION COUNCIL ON AGING; ACCOMPANIED BY JACK DE GROAT, DIRECTOR, NAVAJO AGING SERVICES DEPARTMENT, THE NAVAJO TRIBE

Mr. McKINLEY. Thank you, Senator DeConcini. I represent the Navajo Nation Council on Aging and also the National Indian Council on Aging and other councils and boards in the Fort Defiance-Window Rock area.

I have a statement here, but I would like to fill in on some of the items and sort of read between the lines.

Senator DECONCINI. Yes, without objection, you may highlight the statement and we will put the full statement in the hearing record.

Mr. McKINLEY. First of all, I want to thank Senator DeConcini for giving us this opportunity to testify before this committeee. Also we have had many forums, many conferences and workshops for the past 10 years since the 1961 and 1971 White House Conference on Aging. We want to express our gratitude to Governor Babbitt and his staff for having one of the best, top three organizational structures.

Where we go awry and where we are deficient is in the implementation and administration of the elderly aging programs. The whole purpose of these conferences and dialog, and the White House Conference on Aging is that we need immediate changes in the statutory laws, procedures, and policies to include the elderly in all the programs providing services to the elderly needy people. That is the main purpose of our work here.

I attended the 1971 Conference on Aging where some of these policies were beginning to be formulated. I also attended the White House Conference on Aging last week, where some of the questions that were raised in 1971 have not been answered and have not been implemented, in that policies have not yet been formulated in providing services for the elderly.

For example, the BIA social services seem to have a priority funding nursing homes. Also, they seem to never run out of money for burial services, but we seem to have a great deal of difficulty in getting services to the elderly to give them the honorable and decent living with dignity that is stated in the Older Americans Act.

We need to reverse that priority by making inhome care the priority, rather than nursing homes. It is more cost-effective. For $10 to $20 a day, we can supply topnotch home care in their own home, where a nursing home daily care would cost some $60 a day. And, a nursing home is a very, very undesirable—at the present time—it is a very undesirable institutional kind of care for the elderly.

In attending the White House conference last week, I never heard any one of the 300 presentations prioritizing nursing homes. They were all inhome care, custodial care, or foster care for the elderly. So that we need at the present time, not having agreement with the BIA social services and also some of the State policies, we need to begin to have a dialog and also to formulate better communication and better coordination to provide better and more services.

This is the extent of my presentation. Thank you, very much.
[The prepared statement follows:]

PREPARED STATEMENT OF HOWARD MCKINLEY, VICE PRESIDENT, NAVAJO NATION COUNCIL ON AGING

Good morning, I am happy to be here today and to have the opportunity to testify before this committee. My name is Howard McKinley, and I am the vice president of the Navajo Council on Aging.

In 1971 on behalf of the Navajo Nation I had the opportunity to participate in the first White House Conference on Aging and requesting services for the Navajo elderly. Many questions were raised as to the relationship and responsibility of the BIA and the services provided to the elderly of the Navajo Nation.

Last week I participated again in the 1981 White House Conference on Aging. The issues raised 10 years ago have yet remained unanswered. It has been 16 years since the inception of the Older Americans Act, and as elderly Navajos, we are still waiting for answers. This hearing must require that we address the moral issues affecting elderly and not only the budget policies.

The Navajo Nation Council on Aging, asked the Navajo Aging Services Department to seek funds from the BIA, since funds received from the administration on Aging were not sufficient to meet the needs of the elderly Navajo population at a level of services which would at least ensure their survival.

In 1977 the Navajo Aging Services Department received their first funding from the BIA in response to the request of the Navajo Tribe to make every effort to provide services to the elderly of the Navajo/Hopi joint use area. This contract continued for 3 years, at which time the Navajo Tribe entered into a contract for comprehensive services in September 1979, for fiscal years 1979–80. Commitments were made to enter into a fiscal year 1980 contract.

The search for additional funds to provide the much needed services did not begin and end with the BIA. I have personally sought funds from the States of New Mexico legislators, Departments of Arizona and Utah States. I have made presentations before the Navajo Tribal Council to request for funds.

The process of acquiring funds through the BIA caused much frustration. The issues which seemed to block funding were bounced back and forth between the Navajo area office and the Washington office. No one could make a final decision, and there were no policies to draw from.

A BIA Public Law 93–638 publication called the Handbook for decision makers, specifically cited the development of services for elderly as an example of program planning and implementation under 638 contracts. The BIA stated the handbook was never properly authorized, and, therefore, was not valid. The end result was that the Navajo Nation Council on Aging filed a lawsuit against the Bureau of Indian Affairs. The dollars that the BIA does have for elderly are for either nursing homes or burial. It was interesting that during this White House Conference on Aging, nursing homes were most definitely not the priority of services for elderly. The focus is to maintain elderly in their own homes and communities. The Bureau is clearly not in step with the rest of the Nation in regards to services to the elderly.

In September 1980, a delegation of the Navajo Nation Council on Aging, including myself, traveled to Washington to meet with BIA officials. The intent was to obtain a commitment for services from the BIA so that we could drop the law suit. We hoped that the personal advocacy on our own behalf would result in a favorable response from the BIA. Again we were met with indecision and were forced to pursue the law suit. I might add that the funds for this trip were raised entirely by local senior citizen councils throughout the Navajo Nation.

At present there has been no action by the BIA to formulate agreements for coordination of services between the key service agencies of Indian tribes. As long as there is no initiative by the BIA to develop an aging policy they are preventing comprehensive services.

Without an aging policy there will never be the quantity or the quality services that the tribes are capable of providing. Regulations must be developed in conjunction with current social policy and not entirely on fiscal policy. I am requesting of you, Senator DeConcini, a commitment to focus on the obstacles of the BIA to provide services as needed to the elderly and also to request that as an oversight committee that the progress and commitments made today are carried out. Thank you.

Senator DeConcini. Do you have a statement, Mr. De Groat?

Mr. De Groat. Yes.

Senator DeConcini. If you will, highlight that for us, please?

STATEMENT OF JACK DE GROAT

Mr. De Groat. My name is Jack De Groat, director of Navajo Aging Services Department, Tri-State Area Agency on Aging. I would like to underline that, since what we are trying to establish here is a coordination between Federal agencies, and if we can get the three States to coordinate their services under one State, I think it can be done all the way up to Washington, D.C.

Senator DeConcini. Have you not been able to get that accomplished?

Mr. De Groat. No; we have not.

The purpose of this hearing is to examine BIA's responsibility for the Indian elderly. Today, I want to focus on the future and the positive actions which we can take to insure a resolution of the issues of coordinating the BIA program and the resources within tribal aging programs.

The Navajo Tribe wants to develop a comprehensive service system that is efficient to deliver the highest quantity and highest quality of services to Navajo elders. Especially, during this time of Federal budget cuts, we must pool our efforts and our resources to help the elders in need.

As an area agency on aging under the Older Americans Act, the Navajo Aging Services Department is responsible to coordinate all local resources to benefit the elderly. If we do not do this, we will be in violation of the Older Americans Act.

Our role is also to be the stimulus in planning and developing a comprehensive service system that coordinates all available resources. The BIA is one of the primary resources available to Indian people to assist them in meeting social needs.

I have a chart in my prepared statement which shows a diagram of a circle with the area agency on aging in the center, the Administration on Aging, top right; the BIA, top left; The Navajo Tribe, bottom left; and IHS, bottom right, with an arrow pointing to the middle. That could be also any organization within that reservation.

It is very difficult for me as the director of an area agency on aging to coordinate these Federal resources, when these agencies have no aging policy. In fact, it creates a difficult environment for developing a comprehensive system.

In spite of these obstacles, the aging department in cooperation with the Navajo area BIA social services initiated efforts in 1976 to begin to link the agencies' resources. Beginning in 1977 and continuing through today all these efforts have been hampered and the contracting services disrupted because the BIA's policies and regulations do not address the needs of the elderly. They are not compatible with current U.S. aging policy and do not support the development of tribally operated comprehensive service systems.

Senator DeConcini. Let me ask that we put some of this in the record. I have your statement. There are a couple of questions that are of importance to me, and we will insert your entire statement in the record. I have read it here this morning. Without objection, it will appear in the record at this point.

[The statement follows:]

PREPARED STATEMENT OF JACK DE GROAT, DIRECTOR, NAVAJO AGING SERVICES DEPARTMENT, THE NAVAJO TRIBE

Honorable Senator DeConcini, and other members of the Senate Select Committee on Indian Affairs. My name is Jack De Groat. I am the director of the Navajo Aging Services Department, a Tri-State area agency on aging.

The purpose of this hearing is to examine BIA's responsibility for Indian elderly. Today I want to focus on the future, and the positive actions which we can take to ensure a resolution on the issue of coordinating the BIA program and the resources within tribal aging programs. The Navajo tribe wants to develop a comprehensive service system that is efficient, to deliver the highest quantity and highest quality of services to Navajo elders. Especially during this time of Federal budget cuts, we must pool our efforts and our resources to help the elders in need.

As an area agency on aging under the Older Americans Act, the Navajo Aging Services Department is responsible to coordinate all local resources to benefit the elderly. If we do not do this we will be in violation of the Older Americans Act. Our role is also to be the stimulus in planning and developing a comprehensive service system that coordinates all available resources. The BIA is one of the primary resources available to Indian people to assist them in meeting social needs. (See chart on resources available). It is very difficult for me as director of an area agency on aging to coordinate these Federal resources when these agencies have no aging policy. In fact, it creates a difficult environment for developing a comprehensive system. In spite of these obstacles the aging Department in cooperation with Navajo area BIA social services initiated efforts in 1976 to begin to link the agencies' resources. Beginning in 1977 and continuing through today all these efforts have been hampered and the contracting services disrupted because the BIA's policies and regulations do not address the needs of the elderly. They are not compatible with current United States aging policy and do not support the development of tribally operated comprehensive service systems.

When there are no national policies from the Federal agencies, policy decisions are made on the basis of fiscal policy rather than social policy. This is very inefficient and results in great confusion at the tribal level and within the BIA between the area office and Washington office.

Federal regulation and policies should not prevent and were not intended to prevent the development of a continuum or care systems for Navajo elderly or other Indian elderly. What do I mean by continuum of care? (See chart). As we develop service plans for elderly people we must ask what is the most appropriate setting to provide services for each elderly client. If we have only developed the nursing home or hospital care services we will not be providing the most appropriate level of service. These are the most expensive services and the least appropriate if we want the elderly to be self-sufficient and to be helped by their families. For example, the estimated cost of the services are:

Hospital care $126 per day (estimate). Nursing home care $25 to $37 per day. Elderly residential home care $24 per day. Nonresidential day care $18 per day. In home care by senior companion $4 per day. Senior center services $8 to $11 per day.

At the present time preventive services funded by the Administration on aging can be provided to only one-half of the Navajo Nation. To ensure that the more expensive and specialized services are provided to only the most needy elderly, the aging department, in coordination with tribal help and social service workers has identified 540 high risk elderly.

We are currently negotiating to provide services to 20 percent of the high risk elderly with BIA general assistance funds. The other high risk elderly will have to survive as best they can. Surely, we administrators of these Federal funds can coordinate our efforts and resources so that more elderly people may receive the services they desperately need. There are many very sad but very real stories of the desperate need of many Navajo elderly. Our consciences will be clear if we begin to take action today.

Chairman Peter MacDonald of the Navajo Tribe has taken a personal interest in improving services to Navajo elderly. He has personally met with the BIA and Department of the Interior officials. He asked the Department of the Interior on March 26, 1981, to take action on a draft aging policy submitted to BIA Commissioner William Hallett. There has been no response to his letter.

The Navajo Tribe is continually moving forward to establish a comprehensive social service system. This fall the Navajo Tribe contracted through the Indian Self Determination Act for all of the Navajo area BIA social services; however, this contract does not provide the flexibility needed because the tribe must adhere to all current BIA regulations. According to an administrator of the tribe's division of social welfare: "There has been no effort by the BIA to make the Code of Federal Regulations more flexible so that Federal resources can be better coordinated to meet the specific needs of each client." This tribal administrator who has worked many years for a BIA funded social services program stated: "There has been no national initiative by the BIA to develop a national aging policy." The BIA has never encouraged or assisted tribes to intermingle, coordinate Federal funds, which would enable them to develop cost effective comprehensive service systems. The BIA needs a national aging policy, this administrator stated, which will give direction to tribes and to the BIA staff so that they can understand their own guidance. The BIA also needs to have the national initiative to document the unmet needs of Indian elderly and to report these needs to Congress. There is need for more money to provide services, but the BIA has never documented these needs.

BIA needs to identify the obstacles within their own regulations and management which prevents them from assisting tribes. Fiscal accountability is more important to BIA than the quantity or the quality of services that are delivered.

The Navajo Nation White House Conference on Aging developed the following recommendations on aging. These recommendations were approved at last week's White House Conference on Aging:

FEDERAL POLICY RECOMMENDATIONS

The Navajo Nation as a federally recognized tribe has a direct tribal-Federal relationship. The elderly tribal members especially look to the Federal Government to uphold the Treaty of 1868 and to promote and protect the Navajo people's right to self-government, to life, liberty, and the pursuit of their own path of beauty and happiness.

1. The Older Americans Act:

The experience of Older Americans Act programs in the Navajo Nation has been very positive for the elderly and their communities. Therefore, there is great interest in the development and expansion of services. Navajo society is changing rapidly and the young people, the elderly, and the leaders look to community run aging programs to minimize the negative aspects of this social change on the lives of their grandparents. Finding modern means to continue traditional Navajo respect for the elderly and for enhancing elderly people's involvement in the family, community and tribal life is considered crucial to the sound development of the Navajo society.

Specific recommendations are:

(1A.) Reauthorization by Congress of the Older Americans Act in 1981.

(1A.1) A request to Congress to hold minority hearings on modifications to the act, prior to reauthorization.

(1B.) Include in title III, specific language which would allow for direct funding to tribes of title III service dollars for title III programs.

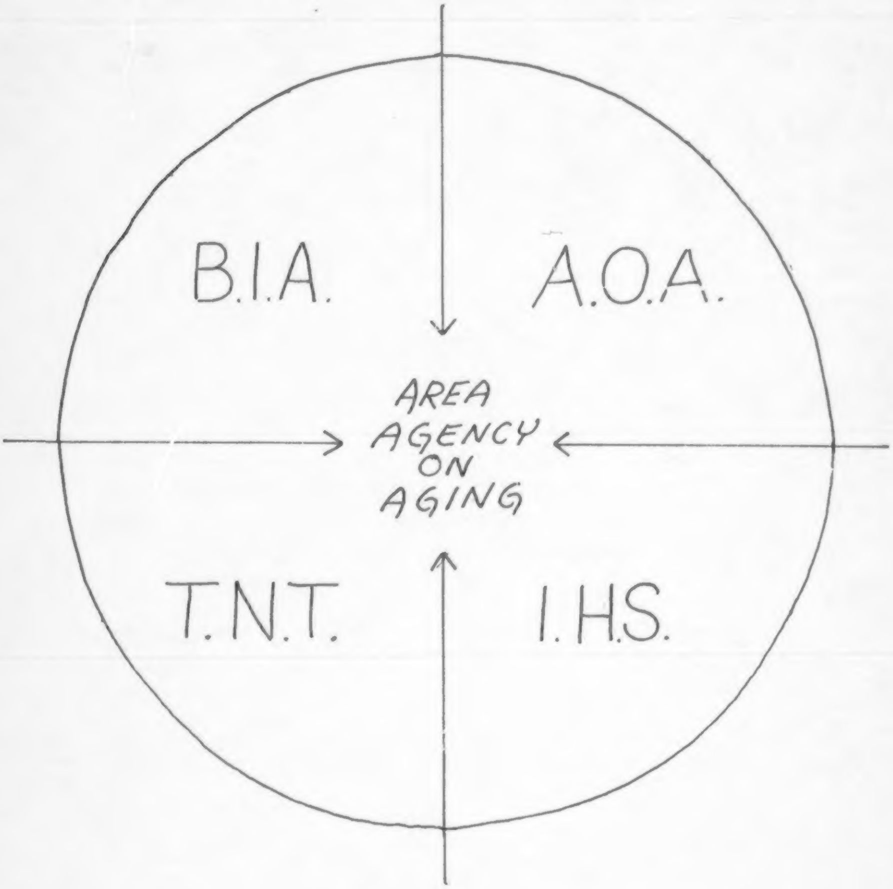
(1B.1) Add new language which would specify that title III moneys would be targeted for minority and low income elderly people.

(1C.) Add language to specify that the Bureau of Indian Affairs and the U.S. Indian Health Service have continuing responsibility for Native American elderly.

(1C.1) Specify that Administration on Aging and other Federal agencies serving Native American elderly would coordinate their efforts through formal agreements to achieve the maximum import of the unmet needs of Native American elderly.

We request that the record remain open for 90 days to permit opportunity for additional written testimony.

COORDINATION OF LOCAL RESOURCES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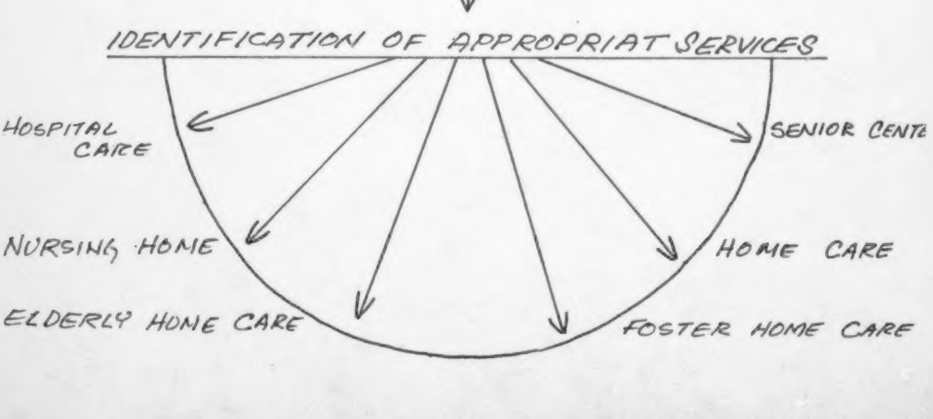
CLIENT
IDENTIFICATION OF APPROPRIAT SERVICES
HOSPITAL CARE
SENIOR CENT
NURSING HOME
HOME CARE
ELDERLY HOME CARE
FOSTER HOME CARE

Senator DeConcini. Are you aware of any effort by the BIA to develop a policy on services to Indian elderly? Do you know of any policy that has even been developed?

Mr. De Groat. No; not at this moment. We did request one, and the only reaction that we got from them was——

Senator DeConcini. When was that?

Mr. De Groat. That was back in February or March of last year.

Senator DeConcini. Of 1981?

Mr. De Groat. Right.

Senator DeConcini. And you have never heard anything?

Mr. De Groat. Not this far; no.

Senator DeConcini. Have you made any inquiry or followup?

Mr. De Groat. I have. I had no response.

Senator DeConcini. How about you, Mr. McKinley, do you know of any?

Mr. McKinley. No, I do not. I was commenting, this is the first time that I have seen some of the BIA's social services personnel here in Washington. We have not had adequate response; either written or by dialog.

Senator DeConcini. Mr. De Groat, seeing that you are really out there on the front line, so to speak, what kind of aging service has the Navajo Tribe identified to be the most benficial for the Navajo elderly citizens??

Mr. McKinley. No. 1, the reason I know is that I am right in the center of all the services at Window Rock and Fort Defiance. I was a volunteer for many years; I live with the poor, the middle class, and the affluent elderly.

Senator DeConcini. What is the most beneficial?

Mr. McKinley. The No. 1, topnotch priority is in-home care. We have many, many services and many field workers; personnel that can assist, that can be coordinated to take care of people in their own homes.

Senator DeConcini. Excuse me. That is the No. 1 or the most beneficial program?

Mr. McKinley. The most beneficial.

Senator DeConcini. Now, do you agree, Mr. De Groat?

Mr. De Groat. I agree, and also to try to coordinate all the resources within the area.

Senator DeConcini. Do you see any emphasis being placed on that program, Mr. De Groat?

Mr. De Groat. From the tribe, yes; but from Federal agencies, reluctance is there.

Senator DeConcini. Mr. McKinley, what do you think could be done to improve that particular programs?

Mr. McKinley. The first thing that we have done and which will be done throughout the whole reservation is to assign and to formulate a coordination agreement among all the directors, the coordinators, and to have them work together. At the present time they are all scattered all over the reservation, and one office right next to the other does not know what the other one is doing.

Now, we have all kinds of services that are already available. We have the CHR, the bi-State, the community service worker, the social workers, all kinds of social workers. We have missionaries. We have all kinds of personnel. But they are not coordinated, and they are not prioritized. And, of course, we have the implementation and administrative work performance problems.

Mr. De Groat. One of the recommendations I would make is to have that coordination all the way up to here; between IHS, BIA, AOA, HUD and the rest of the Federal agencies that provide Indian programs; come up with a memorandum of agreement and say: OK, this is how we are going to coordinate services to provide for the elderly.

Senator DeConcini. It is not there now?

Mr. De Groat. It is not there.

Senator DeConcini. Can you explain what would place an elderly person in a high-risk category?

Mr. De Groat. Their health, their age, and their social——

Senator DeConcini. A combination of things.

What would a BIA policy, which is compatible with the present national and tribal policy on aging, mean for the Indian elderly?

Mr. De Groat. To remove some of the regulatory restraint which allow elderlies to receive service through BIA, which right now they are saying no to because of——

Senator DeConcini. You touched on some of that in your statement.

Mr. De Groat. Right.

Senator DeConcini. If we had such a policy and coordination, even with some limited funds, do you think the available services could be enhanced substantially?

Mr. De Groat. Yes.

Senator DeConcini. And the part of the delivery system that you are involved in; the Navajo tribal division of health improvements, you could see some enhancement of the present programs. Is that right?

Mr. De Groat. Right.

Senator DeConcini. Is it fair to say, that if there was this coordinated effort, and there was a policy, that in your judgment, Mr. De Groat and also Mr. McKinley, that the quality of life of the Native American or Indian American would be better off and life would be changed for the better?

Mr. De Groat. I very strongly agree to that.

Mr. McKinley. Senator DeConcini, everybody knows that there is nothing like home. A Navajo elderly lives a physical, mental, and spiritual life and he lives that and practices that at home. He cannot get the services of a Navajo practitioner or a ceremony; that is what he lives by. Not in a nursing home where it is confining like being in the hospital. And, if they are at home with the help of all these services—for instance, we have a good senior companion program. These senior companions go out and work with them, help them every day. We have the Foster Grandparents, promoted by Nancy Reagan, and it has already been financed. VISTA, a wonderful program, can help with these. But it is not being done now. They could live with their friends; they could have their social life at home instead of being off in Phoenix, off reservation, off in Gallup or Aztec, or way off the reservation in a strange place. It just does not make sense to send them off somewhere where they are just unhappy and feel that they are away from home.

Mr. De Groat. Right now, even though AOA does provide some funds for elderlies under title III or title VI, it still needs to be supplemented by other resources to pick up where the Administration on Aging does not have the money to do so.

Senator DeConcini. And, on top of that, I take it from your statement that the lack of a coordinated effort——

Mr. De Groat. Make it that much harder to provide.

Senator DeConcini. Would it be advantageous if there were a separate division of coordination or something at BIA to attempt to coordinate that effort, or do you think that would be just another layer of tape?

Mr. De Groat. Probably just another layer of redtape to go through.

Senator DeConcini. You expressed an interest, Mr. De Groat, by the Navajo Tribe, to work with the BIA to achieve positive changes. Has the tribe and the BIA jointly identified and agreed to any specific changes in the present Federal guidelines or policy which could improve the coordination of resources for Indian aging programs?

Mr. De Groat. The tribe has requested that.

Senator DeConcini. You have?

Mr. De Groat. Right. To have some regulatory policy changes made and updated.

Senator DeConcini. Are those the ones that you have not heard from as yet?

Mr. De Groat. Right.

Senator DeConcini. I have no further questions. Your testimony is very helpful to us to realize and demonstrate for the record what is really necessary if we want to make these programs meaningful.

Mr. De Groat. I have a couple of statements I would like to make in regards to Dr. Tolliver's testimony.

Senator DeConcini. Please proceed.

Mr. De Groat. On one, she indicated that in the title VI $6 million was allocated in the programs. Out of that an average of $70,000 per Indian tribe has been allocated to them. There is a problem. I would like to make a recommendation that the policy to service the funds be based on population, need, and the rurality of the area. Because of the 14,000 Navajos that we have, only $70,000 is not enough.

Senator DeConcini. Obviously not enough.

Mr. De Groat. No, sir. And then also, that she should really coordinate with the Indian tribes to establish whatever agreement she is making between Federal agencies, because I think she needs to be aware of the unique situation at the reservation level.

And, also, one more recommendation. She stated that ACKCO was doing the training; a private corporation. Why not have the National Indian Council on Aging do all that, since they have representatives from Indian tribes to do that?

Senator DeConcini. Do they have the capacity to do it?

Mr. De Groat. I would say so.

Senator DeConcini. I want to thank you both for your testimony and as I indicated, Mr. De Groat, your full statement has been placed in the record. We appreciate your coming the distance.

Mr. De Groat. I failed to mention that I have a report from a conference that I would like to submit for the record, because in there it covers a lot of recommendations which were not brought up.

Senator DECONCINI. Without objection, we will put the report in the record. Thank you very much.

Mr. MCKINLEY. Thank you.

[The report follows. Testimony resumes on p. 34.]

NAVAJO TRIBAL CONFERENCE ON AGING—1981

RECOMMENDATIONS—INTRODUCTION

The summary of recommendations are divided into four categories:

A. Reports for White House Conference on Aging.
B. Federal Policy Recommendations.
C. Tribal Policy Recommendations.
D. State Policy Recommendations.

Included in these recommendations are the recommendations made by the Navajo delegation to the 3d National Indian Conference on Aging held in September, 1980, a mini-White House Conference on Aging.

All readers of this report should not conclude that these are the total sum of concerns of Navajo Elderly people. All past recommendations and concerns presented at conferences and meetings since 1971 were referred to by conference participants. Their question to organizers of conferences always is, "Why are you asking us to give you more recommendations when so little has been done by the government to implement our previous requests for action?" There never has been a good response to that question. Elderly people advise the younger leaders "to get busy and correct past concerns and implement prior recommendations before asking for new problems". All issues are priority issues to the elderly people, if they have not been solved.

Therefore, all past recommendations, concerns and resolutions of Navajo people and Indian people regarding elderly Native-Americans should be included and viewed as priorities in any reference to Navajo elderly concerns even though they are not specifically referred to within the text of this conferences' recommendations and resolutions. Many of these previous statements of concern, resolutions, and recommendations are in the appendix of this report. Please refer to them as current and continuing concerns. They are as valid today as when they were made. Though there has been considerable progress made in the past ten years in improving life for many of our Navajo elderly, many more elderly remain unserved and the number of elderly is growing each year.

A. REPORTS FOR WHITE HOUSE CONFERENCE ON AGING

1. Request the Bureau of Indian Affairs and the Indian Health Service to report to the White House Conference on Aging the progress they have made in the:

(1A.) Development of an Aging Policy.

(1B.) Implementation of the recommendations of the 1971 White House Conference on Aging, the 1976, 1978, and the 1980 National Indian Conferences on Aging.

2. Request all the Federal Agencies with categorical Indian programs or responsibilities for Indian elderly to prepare progress reports on development of services for Indian elderly. Also, the agencies should prepare plans to implement priority services for elderly and report to Congress the appropriations needed to meet the most critical needs of Native American elderly.

B. FEDERAL POLICY RECOMMENDATIONS

The Navajo Nation as a federally recognized tribe has a direct tribal-federal relationship. The elderly tribal members especially looks to the federal government to uphold the Treaty of 1868 and to promote and protest the Navajo people's right to self-government, to life, to liberty, and to the pursuit of their own path of beauty and happiness.

1. The Older Americans Act

The experience of Older Americans Act Programs in the Navajo Nation has been very positive for the elderly and their communities. Therefore, there is great interest in the development and expansion of services. Navajo society is changing rapidly and the young people, the elderly, and the leaders look to community run aging programs to minimize the negative aspects of this social change on the lives of their grandparents. Finding modern means to continue traditional Navajo respect for the elderly and for enhancing elderly peoples' involvement in the family, community, and tribal life is considered crucial to the sound development of the Navajo Society.

Specific recommendations are:

(1A.) Reauthorization by Congress of the Older Americans Act in 1981.

(1A.1) A request to Congress to hold minority hearings on modifications to the act, prior to reauthorization.

(1B.) Include in Title III, specific language which would allow for direct funding to Tribes of Title III service dollars for Title III Programs.

(1B.1) Add new language which would specify that Title III monies would be targeted for minority and low-income elderly people.

(1C.) Add language to specify that the Bureau of Indian Affairs and the U.S. Indian Health Service have continuing responsibility for Native American elderly.

(1C.1) Specify that Administration on Aging and other federal agencies serving Native American elderly would coordinate their efforts through formal agreements to achieve the maximum import of the unmet needs of Native American elderly.

C. CONTINUE TITLE VI

(1C1.) Change language to delete mandated services, but require Tribes to develop Tribal-Specific service plans.

(1C2.) Set eligibility at 55 years of age.

(1C3.) Require Tribes to have at least 50 elderly to be eligible for a grant.

(1C4.) Appropriate a minimum of $25 million for services to meet currently documented needs.

(1C5.) Add an equitable funding formula for Title VI grants based upon population, need, and a rural factor.

(1C6.) Add language to encourage and fund inter-generational programs. This is necessary to strengthen elderly people's relationships with their families and to prevent the breakup of Navajo extended family systems.

(1C7.) Add language to establish an Indian Desk within the Administration on Aging.

A. Increase Older Americans Act Service appropriations to insure that communities without programs and those with unstable programs can provide new or improved services.

Over twenty-eight (28) chapter (Navajo local community governments) made requests for new or improved programs at the conference.

2. Human rights

The conference delegates were very concerned about two major areas of human rights. The tragic events occuring in the Navajo-Hopi Joint Use Area and its effect on the elderly. And the preservation of Navajo land, culture, customs, and beliefs.

(2A.) The Navajo and Hopi Relocation Act, Public Law 96-305. The peace time relocation of over 6,000 U.S. citizens who are from over 2,000 Navajo families including over 1,000 elderly and handicapped people, is a violation of human rights. The manner in which the relocation is to be carried out through the Navajo and Hopi Land Settlement Act, Public Law 93-531 violates the objectives of Title I of the Older Americans Act for American elderly. The manner in which relocation for the elderly is to occur jeopardize the very life of the elderly people. It separates the elderly from their families and will disrupt the life ways of some of the most traditional elders of the Tribe.

Congress is uninformed and unaware of the impact to the elderly people of relocation from their homeland. The adverse impacts and suffering of the people will become a tragedy, if Congress continues to disregard the human rights of the people of the JUA. Already this law has resulted in the separation of families, depressing suicide, mental illness of elderly, increased alcoholism, premature death caused by expected loss of land and self-worth. Therefore, the conference recommends:

(2A1.) The WHCOA officially oppose all federal laws and federal policies which violate the rights of the elderly, which does not protect the elderly, and which would cause extreme and unnecessary hardship to elderly people.

(2A2.) That Public Law 96-305 and 93-531 be repealed. A better way to settle the Navajo-Hopi Land dispute must be found which does not violate human rights and which does not jeopardize the lives of elderly people.

(2A3.) That elderly and handicapped people who are so adversely affected by the trauma of the relocation be provided with the basic services of the Older Americans Act and the special services necessary to prevent their premature deaths.

(2A4.) The WHCOA request that if relocation is to occur the plans be evaluated by the Department of Interior, Health and Human Services, Housing and Urban Development, and Justice. That all reports be monitored by the Federal Council on Aging to insure the full protection of the rights and lives of JUA elderly people.

(2B.) Protection of the Navajo People, the Navajo Nation, and Navajo Culture. Navajo elderly are concerned that the United States uphold the Treaty of 1868 with the Navajo Tribe. It is very important that the "trust responsibility" made sacred in the treaty be fulfilled by the United States.

It is recommended that the United States protect Indian rights and promote Indian self-sufficiency and self-determination. These can be done by protecting Navajo lands within the four sacred mountains, teaching the Navajo language and customs in schools, halting IHS funded abortions, and recognizing the legitimacy of Navajo lifeways and spiritual beliefs.

3. Nutrition programs

There was concern for the continuation of federal nutrition programs. The nutrition programs have contributed to the improvement in the health status and well-being of the Navajo family and significantly reduced malnutrition. The elderly expressed their recommendation that legislation reauthorizing nutrition programs be passed and appropriations not be cut.

The funding cuts proposed by the administration will effect the children and the elderly the most. Low income Navajo families would not be able to substitute cash for grocery purchases with the loss of Food Stamps.

There is only a small private sector to provide employment. Rural isolation and lack of transportation greatly affects elderly people's abilities to get to grocery stores. The USDA Commodity Food Program has enabled the elderly to provide nutritious meals to their grandchildren and to themselves. Specifically, the conference endorsed:

(3A.) Continuation of funding for USDA Child Nutrition Programs at Present levels: Child Care Food Program, Womens', Infants, and Childrens Program, Summer Food Program. Nutrition Education and Training Reduced-Cost School Breakfast and Lunch Program.

(3B.) Continuation of current funding levels and eligibility standards for the Food Stamp Program.

(3C.) Reauthorization of the Economic Opportunity Act which includes Community Food and Nutrition Programs and maintenance of continued funding levels for these services.

(3D.) Expansion of nutrition programs serving the elderly so that if those elderly in need of hot lunch program can receive services.

4. Long-term care service system

In the Navajo Nation the primary tribal providers of services to elderly people have jointly formulated an inter-agency memorandum of agreement to foster, promote, and encourage cooperation and coordination between their respective programs. The Chapter Services Coordination Agreement (CSCA) places its emphasis on promotion of self-care, home care and prevention of pre-mature institutionalization. The effectiveness of this effort is hindered by conflicting federal and state regulations. Also there is insufficient emphasis and planning in Washington, D.C. on long term care. There is also no national long term care policy to support the local Navajo effort

(4A.) The United States should adopt a national long term care policy. This policy should promote local systems which reduce waste, duplication and ineffectiveness.

(4B.) Federal Service agencies should be required to cooperate in the development of tribal long term care systems with Area Agencies on Aging providing the leadership. Self-Care, family care, and non-institutional services should be given priority in funding.

A major contributor to duplication, waste, and inefficiency in Navajo Nation services is the channeling of federal funds through State Agencies and then to the Tribe. Changes in legislation which would allow the direct funding of federal funds to the Navajo Nation would promote the development of effective and efficient service programs. The example used at the conference was Title XX of the Social Security Act. Changes in the Older Americans Act and the achievement of direct funding of Navajo Aging Programs by the Tribe was used as an example of more effective and efficient use of federal and tribal funds.

Therefore, the conference recommended:

(4C.) Title XX Legislation be Changed to Permit:

(4C1.) Direct funding to Indian Tribes.

(4C2.) Increased appropriations to low income areas.

(4C3.) More flexibility in local program design including eligibility requirements and service definitions.

(4C4.) The requirement of a 25 percent case match eliminated for regions with high numbers of low income people.

(4D.) A more effective Information and Referral System be developed in the Navajo Nation through a joint cooperative effort of federal agencies funding Navajo programs.

(4E.) Emphasis should be given to in-home care. Chore services for elderly and handicapped should be provided.

(4F.) Elderly people should be used as care providers. Programs should build personnel positions into their programs.

(4G.) Nursing homes should be required to have discharge plans to prevent unnecessary and costly care to people who choose to be and should be cared for in their homes.

(4H.) All agencies should support alternatives to nursing home care and provide waivers of regulations to build local long term care systems.

(4I) There should be emergency shelters for elderly victims of neglect and abuse.

5. *Bureau of Indian Affairs (BIA)*

The BIA is the primary federal agency given responsibility for insuring Indian people's social well-being. The BIA has encouraged the development of aging programs. However, the BIA has not developed a national aging policy in coordination with the Administration on Aging and the National Indian Council on Aging. The BIA has not financially supported the development of community service systems but pays for institutional care as the primary service for American Indian elderly. In the case of the Navajo Nation, an Indian Self-Determination Act contract for community based non-institutional services was enterd into between the BIA and the Navajo Tribe. The BIA however refused to recontract with the Tribe stating that their regulations did not permit funding services authorized under the Older Americans Act. Upon an appeal of the Navajo Tribe, the BIA Commissioner found all the services as contracted to be legal. However, the BIA continues to maintain that Administration on Aging has the primary responsibility for insuring the well-being of Native American elderly. If the BIA had developed an Aging Policy as required in the Older Americans Act of 1965 and developed an inter-agency cooperative agreement with Administration, the Navajo Nation and other Tribes would have stronger, more stable, and more effective service systems today. Therefore, the conference recommends the White House Conference on Aging request:

(5A.) The Congress to direct the Secretary of Interior to have the BIA develop a National Aging Policy in coordination with the Administration on Aging and National Indian Council on Aging.

(5B.) That the proposed aging policy be reviewed by Tribes in local public hearings and be changed to meet Tribal needs prior to its finalization.

(5C.) The BIA assess current unmet social needs of American Indian elderly and regulatory obstacles to the development of Tribal Long Term Care Systems in BIA rules and regulations. That the BIA report their findings to the appropriate Congressional committees requesting emergency appropriations and changes in restrictive regulations.

(5D.) The Secretary of Interior to authorize a special national initiative to have the BIA cooperate with and support tribal development of Long Term Care Service Systems. Local or area BIA offices should enter into inter-agency agreements with tribal aging departments.

(5E.) Intergenerational programs should be encouraged and funded to protect the Navajo family.

6. *Health-Indian Health Service (IHS)*

The United States Indian Health Service is the principle provider of health services to Native American elderly. The 1980 2nd National Indian Conference on Aging focused on the health needs of Native American elderly. In the three years since this conference, little has been done in response to the needs and the recommendations in the conference report. The IHS has no national aging policy. There has been one HSS–AoA and IHS initiative which is addressing geriatric nursing services to ten (10) community based Indian aging programs. Much more needs to be done. The conference recommends the White House Conference on Aging request:

(6A.) The Congress to direct the Secretary of Health and Human Services to have the IHS develop a National Aging Policy in cordination with the Administration on Aging and National Indian Council on Aging.

(6B.) That the proposed aging policy be reviewed in local public hearings by Tribes and recommended changes be incorporated into the policy.

(6C.) The IHS assess current unmet health needs of American Indian elderly and any regulatory obstacles (such as medicare and medical reimbursement) to the development of effective and comprehensive tribal Long Term Care Systems. That the BIA report their findings to appropriate Congressional committees and request emergency appropriations and changes in restrictive regulations.

(6D.) The Secretary of Health and Human Services authorize a special IHS initiative to have IHS cooperate with and support tribal development of long term care service systems. Local or area IHS units should enter into interagency agreements with tribal aging departments.

(6E.) Intergenerational health services should be encouraged and funded.

(6F.) IHS funding should be increased, not decreased as presently proposed, in order to bring the health status of Native American people to an equivalent status with other Americans. Facilities in funding should be provided for local clinics.

(6G.) IHS hospitals, should be opened to skilled nursing care beds with operational expenses reimbursed by medicare and medicaid. New hospitals should be planned with space for extended, skilled, and hospice care services. The health care system should recognize and incorporate traditional healing practices into the system of care. Non-Indian professional health care providers should be formally oriented to trial health care methods by elderly health practitioners. Funding to pay for these services should be included in health program budgets at local and national levels.

7. *Housing*

Navajo elderly live in substandard housing and in crowded houses due to population increases. There is inadequate housing available for elderly and handicapped persons. Federal regulations are restrictive and do not allow for housing systems which consider the cultural, rural, and isolation factors common to Indian reservations. There is no available housing to facilitate tribal efforts to prevent institutionalization or to deinstitutionalize people. Good housing is important to the social well-being and the health of the Navajo elderly people. Therefore, the conference recommends:

(7A.) Congress mandate that 15 percent of the HUD allocation be set aside for elderly and handicapped housing and a special emphasis be made on rural housing.

7B.) HUD regulations be changed to allow Tribal Housing agencies to use HUD funds to implement priority housing development for Indian elderly which are suitable to their needs and the local geography, including special eligibility provisions, self-sufficient homes and scattered site developments.

(7C.) Funding for other federal departments which contribute to the development of Navajo Housing not be cut, but be increased including the BIA, IHS, Rural Electrification Administration.

(7D.) Congress consider special funding for tribally operated BIA housing programs and Indian HUD agencies in order to meet the back log of housing needs of elderly and handicapped persons and low income Navajo families.

(7E.) Continued funding for the construction and operation of group homes for the handicapped be included in Congressional appropriations and be mandated in federal agency priorities.

(7F.) There be flexible housing regulations which allow for homes to be built suitable to the cultural needs and preferences of Indian elderly.

(7G.) That HUD develop a National Indian Aging Housing Policy with the Administration on Aging and the National Indian Council on Aging.

(7H.) The National Green Thumb Program funded through Title 5 of the Older Americans Act establish a special housing fund for participants to use to get housing materials for Green Thumb Projects in the Navajo Nation.

8. Income and income tax

The Underdevelopment in Indian Nations has contributed to the Low Economic status of Indian elderly. The only sources of income for many elderly are social security and federal income assistance programs. As the traditional life ways continue to dimish with modern development, the elderly will become more dependent on federal income support programs. As expressed in the workshops, the elderly want to be self-sufficient and want to know about how to utilize self employment benefits. Also, many public service volunteers including elderly lose income by providing voluntary transportation services. A revision to the IRS Code would encourage volunteerism and increase elderly's incomes. At this time it is necessary to insure that Indian elderly receive adequate income benefits in order to sustain their lives. Therefore, the conference recommends:

(8A.) The continuation of the Social Security Programs.

(8B.) An increase in the benefits of such programs so they are adequate to meet the elderly people's income needs.

(8C.) The IRS Code be amended to allow public service volunteers to deduct the expense of providing voluntary transportation services to elderly from their annual income statement and tax report.

9. Transportation

In rural reservation areas where dirt roads predominate, transportation is a daily concern for the elderly people. The Navajo Aging Sevices system has vans and the Tribe had just recently begun a transit system which has reduced fares for elderly and handicapped. However, these services are inadequate to provide mobility to most Navajo elderly people. Many of the vans purchased with Older Americans Act or community funds are five years old and in need of replacement. But there are no available funds to replace them.

Volunteers and service workers who use their own vehicle to provide, voluntary transportation do not have liability insurance. Also, according to the current IRS Code, these expenses cannot be deducted from personal income. Therefore, they are reluctant to transport elderly except in critical times. Changes in the regulations would encourage volunteer transportation services with personal vehicles.

The conference recommends:

(9A.) That federal funds be provided to replace worn-out aging vans with larger, heavy-duty vehicles that can work on dirt roads.

(9B.) Federal regulations be changed to allow federal funds to be used to provide liability insurance coverage for volunteers, or service workers' personal vehicles when they are providing transportation to elderly clients.

(9C.) See Income recommendation—(9C.).

(9D.) Congress should appropriate special funds to pave more roads in the Navajo Nation.

10. Legal services

Many Navajo elderly people have been the recipients of Legal Services from DNA Peoples Legal Service, Inc. a grantee agency of the Legal Services Corporation. They expressed great concern that the Legal Services Corporation will not continue under the Reagan Administration. Therefore, the conference recommended:

(10A.) The reauthorization and refunding of a strong, independent Legal Services Corporation.

(10B.) That DNA Legal Services be refunded at a level sufficient to insure the continuation of the Legal Services for the elderly.

(10C.) That the Congress of the U.S. reaffirm the right of Low Income and minority people to quality legal representation in the American Legal System.

11. Employment and labor

Elderly people should be accepted as a national resource. Many programs in the Navajo Nation have found elderly people a valuable contributor to their educational, social, nursing home, health and aging programs. The elderly have been volunteers of the ACTION Foster Grandparent Program, Navajo Senior Companion Program, and employees in the CETA program. However, very few of the programs have built permanent positions for the elderly into their program budgets. This is unfortunate because it restricts employment opportunities for elderly to depending on special federal funding. Most of the federal elderly employment program do not provide direct funding to Tribes and do not coordinate.

Utilizing the elderly in this new manner is culturally acceptable to Indian people and conducive to linking the generations. It increases the self-worth of the individual while providing benefits to the child or adult recipient of services. The Navajo Nation Aging Programs are dependent upon CETA-Public Service and other Department of Labor Programs for manpower. The use of CETA positions has allowed service dollars to be used for supplies which has enabled programs to provide better service to more elderly people in more Navajo communities. Any reduction in CETA funds will drastically effect the quantity and quality of services that Navajo Aging programs can deliver. It will also result in a loss of employment opportunities for elderly. The increased workload on staff cannot be shouldered by other employees and the Local Senior Citizen Councils will select younger employees for the program.

Therefore, the conference recommends:

(11A.) Federally funded services agencies be encouraged with financial incentives to build permanent employment positions for elderly into their program budgets. This is directed toward schools, public and BIA, where generational linkages could be established, health facilities and social services agencies.

(11B.) There be increased funding for Foster Grandparent, Senior Companion, and Department of Labor elderly.

(11C.) Elderly employment program should be directly funded to Indian Tribal sponsors, such as the Area Agency on Aging or Tribal Aging Program.

(11D.) There should be a federal initiative to coordinate elderly employment programs at the national and tribal level to insure the greatest benefits to elderly people seeking employment.

(11E.) Congress maintain the current funding of Division of Labor–CETA positions for the support of aging programs and reinforce the requirement that 10 percent of such positions be utilized solely for the employment of the elderly.

12. Energy assistance and home winterization

Many Navajo elderly live in older traditional homes, hogans, which do not have gas or electric utilities, running water, or good insulation. The national energy crisis has helped Navajo people by providing funds for winterizing older homes reducing winter health problems such as pneumonia and for delivering wood and coal to eligible elderly. Persons with homes with utilities are experiencing difficulty in meeting the higher cost of energy. This is due to erosion of their fixed incomes by inflation and the higher costs of living in rural areas. Federal assistance has only mitigated some of these problems.

The Navajo Tribe is currently receiving energy funds directly, but the Navajo Nation is included in the "Sunbelt Policy" of the Department of Energy because it lies mostly in the State of Arizona. The Navajo Nation, however, is in Northern Arizona, above 5,000 feet in altitude, and experiences very severe winter problems. Also the extreme ruralness of the Nation makes transportation of energy supplies and home winterization materials very costly. Being categorized within Arizona by Department of Economic has reduced the allocation of funds Navajo could receive if Department of Economic removed the Navajo Nation from the areas included in the "Sunbelt Policy."

Therefore, the conference recommends:

(12A.) Removing the Navajo Nation, including Northern Arizona, from Department of Economic's "Sunbelt Policy" and energy assistance guidelines because of its altitude and harsh winters.

(12B.) Increasing appropriations for Low Income Energy Assistance and Home Winterization.

(12C.) The Congress adopting special energy provisions and a set-aside for rural elderly.

(12D.) Developing a program to provide a discount or reduced utility rate structure for Low Income elderly and elderly on fixed incomes.

13. Intergenerational programs

Despite program regulations, historical efforts, and societal pressure to breakup the extended Navajo family system, the elderly have always resisted and worked hard to hold the family together. The U.S. is beginning to recognize that an age-segregated population is not a healthy condition for a society-as-a-whole. Navajo tribal programs have in the past received waivers of regulations to allow for services to be provided to all members of the family. The elderly request certain services and times to be reserved exclusively for themselves but some others to be available to all, if at a nominal cost. Bureaucratic competition and unintegrated federal reporting and accountability systems hinder local integration efforts. Therefore the conference recommends:

(13A.) A national initiative be undertaken by the Administration on Aging and the Office of Management and Budget to encourage inter-generational programs by reducing or waiving departmental regulations and standardizing departmental reporting and accounting systems in multi-funded local agencies.

(13B.) A new national consciousness be legitimized in a federal policy which encourages the development of inter-generational programs.

14. Children services

The particular concern of the elderly is with the smaller children, their grandchildren. The Indian Child Welfare Act recently passed by Congress to address specific problems of Indian Children is of particular concern. Specifically identified was inadequate funding, restrictive regulations, and an inadequate program emphasis on intergenerational services. Also, tribal plans and priorities are ignored by the BIA, the federal agency administering the program.

Education of the children to knowledge of the language, the customs, the law and the societal ways is of significant importance. Indian education programs, by-lingual and bi-cultural programs, should be in every school. Elderly people should be employed as teachers and counselors in the public and BIA educational systems. The elderly believe too little has been done to give the child a strong foundation in Navajo ways, upon which the American knowledge and English language can be taught. Therefore, the conference recommends:

(14A.) Congress appropriate adequate funds to operate the Indian Child Welfare Act with quality services.

(14B.) The BIA administer the ICWA with an emphasis on inter-generational program services and adapt regulations to tribal plans and priorities.

(14C.) BIA and Public Schools be directed to develop quality Indian Education Programs which employ elderly people as teachers and counselors.

D. TRIBAL POLICY RECOMMENDATIONS

Conference delegates requested tribal council and tribal leadership support on all the concerns identified. Several resolutions were directed specifically to the tribal government, council, and chairman.

1. Navajo Tribal White House Conference on Aging Coordinating Committee

To insure tribal efforts are coordinated, the delegates requested the Chairman to appoint a three person committee which will work to insure Navajo interests are well represented at the White House Conference on Aging. The Chairman has already appointed this committee.

2. Navajo Tribal Council Committee on Aging

The Navajo Nation Council on Aging currently has a representative of the Tribal Council-HEALTH, Alcoholism, and Welfare Committee as a member. The conference delegates recommended that because of the increasing members of Navajo elderly and their significant problems:

(2A.) The Navajo Tribal Council formally establish a Navajo Tribal Council Committee on Aging.

3. Improving the efficiency of the tribal government

In the workshops and in general conference sessions, delegates complained about tribal red-tape, bureaucratic obstacles, and slowness in approving and releasing for use federal funds granted to the Tribe for services to the people. Therefore, the Conference requested:

(3A.) The Navajo Tribal Council and Tribal Departments simplify, reduce, and eliminate tribual procedures to accomplish the specific release of funds for programs.

4. Navajo Tribe join elderly lawsuit against BIA

As a result of BIA not recontracting with the Tribe for services to the elderly and BIA delays in responding to Navajo Nation Council on Aging and Tribal Council appeals, the Navajo Nation Council on Aging sued the Bureau of Indian Affairs. The Tribe had not joined the suit pending a completion to the appeals process. The delegates were very concerned that the Tribe join the lawsuit, after the appeals, process was completed. Therefore, they requested:

(4A.) The Navajo Tribe join the Navajo Nation Council on Aging Lawsuit against the BIA on behalf of Navajo elderly.

5. Support for the refunding of DNA-People's Legal Services, Inc.

The conference delegates were concerned that the Navajo Nations legal services program would not be refunded in the Reagan Administration. Therefore, they requested:

(5A.) All individuals, the Navajo Tribal Council, Chairman and Vice Chairman to support the refunding of DNA Peoples' Legal Services, Inc.

6. Support for continuation of housing programs for elderly and handicapped

The delegates requested the Chairman of the Navajo Tribal Council and the Navajo Tribal Council to support:

(6A.) The Navajo Housing Authority and the Navajo Housing Services Department to give priority assistance to elderly and handicapped particularly veterans and to continue the special housing assistance program for elderly and handicapped operated by the tribal Vocational Rehabilitation Program.

(6B.) Present levels of funding from BIA for the tribally contracted housing services program.

(6C.) Continued development of community based group homes. the operational costs of existing and planned group homes.

7. Selection of Alamo Chapter as future title 6 services Area

The Navajo Aging Services Department, the Navajo Nation Council on Aging, and the Navajo Tribal Council have designated Oljato Chapter as a Title 6 Older Americans Act Service area. All other aging programs are funded through Title 3. Alamo chapter requested the conference to support it as a Title 6 sub-grantee of the Navajo Tribe because of its geographical location and its competency to administer a sub-contract. The conference recommended:

(7A.) Alamo Chapter be placed on a priority as a future Title 6 Service Area of the Navajo Tribe. When selected the funds should be awarded by the Aging Department through a sub-contract to the Alamo Chapter.

8. Chapter requests for new aging programs or improved funding of existing problems

Every chapter that sent delegates to the conference had representatives make requests to begin new aging services, such as a nutrition center, or make requests to improve the present services, such as group homes or senior centers. The conference recognized these requests and:

(8A.) Supported the Chapters' requests and directed them to the Navajo Aging Services Department. The Chapters are listed alphabetically:

Aneth, Baca, Beclabito, Bodaway, Burnham, Dilcon, Fruitland, Hogback, Indian Wells, Inscription House, Leupp, Mexican Water, Nageezi, Pinon, Rock Point, Sanostee, Shiprock, Sweetwater, Teec Nos Pos, Tohatchi, Toyei, Tuba City, Twin Lakes, and Whippoorwill.

9. Improvements in services in elderly

All the previously recorded national recommendations have equal application to the federal agency representatives in the Navajo Nation. Local agencies should review the appropriate national recommendations and plan local initiatives with the Navajo Aging Services Department and the Navajo Nation Aging Network.

Of special consideration are recommendations for:

(9A.) The development of a Long Term Care Policy and Plan in the Navajo Nation which supports home and community based services with institutionalization as a last resort.

(9B.) Intergenerational Programs in public, community, and private programs and institutions. Navajo Nation programs could do much to strengthen the Navajo family by requesting waivers of restrictive regulations, designing integrated reporting systems and designing intergenerational community based service systems.

(9C.) A comprehensive and effective Navajo information and referral system.

A Navajo designed system can be supported by the states and the federal government. It should in particular be able to respond to questions on social security and other assistance programs as noted in the workshop reports.

(9D.) The Navajo Tribal Utility Authority should develop a reduced rate utility cost for low income elderly and handicapped persons, particularly those on fixed incomes.

(9E.) Tribal programs should plan liability coverage for workers using personal vehicles to transport elderly and volunteers transporting elderly.

(9F.) There should be coordinating and cooperation among all service agencies in the Navajo Nation to insure elderly people are receiving the greatest benefits possible from service dollars. The Chapter Service Coordination Agreement should be revised to incorporate other service providers and systematize the delivery of quality services.

10. Review of professional staff credentials and competency and increasing professional staff

The elderly people in pre-conference meetings and conference delegates expressed concern over not receiving quality services from legal, medical, social and educational professional. The elderly expressed concern to upgrade Indian staff, to screen non-Indian staff carefully, and to review staff in professional positions to insure they are credentialed, qualified, and competent. The conference requested:

(10A.) Upgrading the professionalism of federally funded staff in Indian service programs and increasing the number of professional staff to upgrade services.

11. Educational services

The conference supported activities to improve educational systems in the Navajo Nation by:

(11A.) Developing Indian education programs with bilingual and bicultural curriculums.

(11B.) Employing elderly people as teachers and counselors.

(11C.) Creating permanent positions in school budgets to employ elderly people.

D. STATE FOLICY RECOMMENDATIONS

The conference delegates spoke highly of state and county support for the creation of the Navajo Nation Area Agency on Aging. The establishment of the Navajo AAA in 1979 brought together all the Navajo Aging Programs previously administered by the counties and the states. State sensitivity to the Navajo people, customs, and cultural practices, to the Tribal governments priorities, and to tribal self-sufficient and capability to administer federal grants was requested. National recommendations were referred to the States for consideration and action. In particular, the conference asked for:

1. Support for direct funding of title XX programs to the tribe

The present Title XX services are hampered by conflicting state jurisdiction contracts, and regulations. Services to elderly could improve greatly, if the Tribe could receive Title XX funds directly.

2. Coordination of State programs with tribal office's programs and priorities

The Navajo Nation is developing its own service systems. It is crucial that states consult with and cooperate with the designated Tribal Office in setting priorities and coordinating programs. This is particularly important in the development of intergenerational services.

3. State recognition of traditional Navajo marriages

For purposes of receiving social security benefits, it is important that state courts and programs recognize the traditional marriages of Navajo elderly people.

4. Funds for housing materials for Utah Green Thumb program

The Green Thumb Program workers in the Utah portion of the Navajo Nation requests funds to purchase housing materials to winterize elderly people's homes. This request was endorsed by the conference.

The Navajo Nation as a federally recognized tribes has a direct tribal federal relationship. The elderly tribal members especially look to the federal government to uphold and honor the Treaty of 1868 and to Promote and protect the Navajo People's right to self-government, to life, to liberty, and to the pursuit of their own path of beauty and happiness.

(a) Request the Bureau of Indian Affairs and the Indian Health Services to continue to provide services to the Indian Elderly.

(b) Request the Bureau of Indian Affairs and Indian Health Services to develop an aging policy.

(c) Request Bureau of Indian Affairs Indian Health Services to formulate an agreement to coordinate their activities in providing services.

Senator DECONCINI. Mr. Ross Swimmer. Is Mr. Swimmer here? [No response.]

Senator DECONCINI. We will then go to Betty White, from the Yakima Indian Nation.

Please identify yourself for the record here.

STATEMENT OF MEL SAMPSON, MEMBER OF THE YAKIMA TRIBAL COUNCIL; ACCOMPANIED BY BETTY WHITE, DIRECTOR OF THE YAKIMA INDIAN NATION'S AREA AGENCY ON AGING; AND PATTY MARKS, CONSULTANT

Mr. SAMPSON. Yes. My name is Mel Sampson. I am a member of the Yakima Tribal Council, our HEW committee for the Yakima Tribe in the State of Washington.

I have with me Betty White, who is a director of the Yakima Indian Nation's Area Agency on Aging; and Patty Marks, who functions as a consultant here in the District for us.

I will give the testimony on behalf of the tribe, with participation from the respective people in the question-and-answer session.

The Yakima Indian Nation is located in the south-central area of the State of Washington, encompasing some 2,137 square miles on our reservation. I would like to summarize our statement and entertain questions as much as possible after summarizing.

Because of the critical role that the older tribal members play in the day-to-day life of the Yakima Nation we are extremely concerned with providing the best and most effective services to each and every one of them. Unfortunately, our goal of providing these critically needed services has been severely inhibited by a total lack of coordination on the part of various Federal agencies, unclear and cumbersome Federal regulations, and a severe shortage of funds.

In fiscal year 1981 the Yakima Nation's Area Agency on Aging received its fundings from four predominant sources; primarily title VI, title II of the Older Americans Act, State funds provided under a State statute called the Senior Citizens Service Act, and contributing also was the tribe.

The title III funds are utilized by an on-reservation elderly nutrition program. This program allows us to distribute hot meals to a limited number of elderly members who cannot leave their homes for various medical reasons. It is also utilized to provide a centralized lunch program for older tribal members who come to have a hot meal. Because of the size of our reservation and the Federal regulations which require us to service all Indian and non-Indian citizens living within the boundary of the reservation—I think a key factor is that we presently, on our reservation, have a ratio of three to one who are non-Indians living on the reservation or within the exterior boundaries of the reservation. We have been forced to operate this program at four different locations. As funding is severely limited, we are unable to serve these meals every day at all four locations.

As a result, we rotate these services on different days, and therefore end up serving different groups of people at each location with each person receiving an average of only one to two meals a week.

I would like to proceed. In carrying out this activity, as you will note in the prepared statement, we encounter severe transportation problems because of the size of our service area.

Then, under the title III funding, it is also used to provide an equally critical service; that of outreach assistance.

Because of the older people not being educated, they have extreme difficulty completing forms for such services as social security, food stamps, and medicare. To make matters worse, the closest service office on the reservation is an average of 20 to 25 miles for the elderly. So, consequently, the outreach program through our elderly program is a major factor in our elderlies participating in the other federally funded programs.

I feel it is important to take a moment to discuss the unique and often severe problems which many of our older people face. This primarily is in the certification for eligibility for services; in the health or lack of health related areas, and the income level criteria with which they are confronted.

Despite these proven facts, Federal regulations make no attempt to take them into consideration when allocating funds to Indian aging programs, and we feel that this is wrong.

As administrators, we experience extensive and critical problems and complications in administering and adhering to lengthy regulations as outlined by the respective titles and funding agencies. And, as far as the aging program goes, we would like to have a particular agency be responsible for the overall aspects of all the aging programs.

Senator DECONCINI. Excuse me. Do you think it would be advantageous if you had a good cooperative effort? It sounds to me as if you are somewhat agreeing with the previous witnesses that there is not much of a cooperative effort, or at least no coordination. Would you prefer that, or would you really prefer one single agency to take it all over?

Mr. SAMPSON. Well, I think it would depend extensively on the obligations within that cooperative effort. I have seen cooperative efforts before on paper, but in reality they do not work.

Senator DECONCINI. Have you seen any in your area work, in the area of aging programs?

Mr. SAMPSON. If your question is, is there one in existence now; no.

As far as we out on the reservation, whether it be a cooperative effort or a single agency, whichever is proven the most beneficial, we would obviously agree with. But I definitely feel that it is a necessity, because we experience a lot of wasted time as overhead administration, just from the standpoint that that does not exist.

Obviously, the state of the proposed budget cuts, we are finding, are going to play a major factor in deteriorating the services that we are attempting to provide, primarily in the supportive and outreach capacities. Because, when one particular program is cut, it becomes perpetual, creating a domino effect that affects the whole reservation in which our seniors play a major part. So there is no one in particular at whom you can point a finger.

Senator DECONCINI. Have you already witnessed changes in programs due to the cuts that have already been made?

Mr. SAMPSON. Yes, sir. To a great extent the CETA program played a major supportive role, as far as manpower and training programs for our elderly, and when that was eliminated, so went a good supportive part of our program.

Senator **DeConcini**. Was the tribal council or government able to supplement any of that?

Mr. **Sampson**. To a very limited degree.

Senator **DeConcini**. So, really you just have less services.

Mr. **Sampson**. Right. Well, we are trying to do the same thing with fewer people.

Senator **DeConcini**. Are you able to do it?

Mr. **Sampson**. No.

Senator **DeConcini**. How much less are you able to deliver than you were before the cuts under which you are now operating? Can you give me a ball park figure?

Mr. **Sampson**. Are you talking in terms of percentage?

We have outlined, in the statement, some specifics, but if you are talking percentage, she might be able to respond.

Ms. **White**. Yes. We had a staff of 35 people, and that was cut down to 17. Now we are able to transport only two people to meals. Whereas, we used to transport up to 10 people a day by outreach workers using two Federal agencies such as food stamps and DSHS, we are now down to 2 people per day.

Senator **DeConcini**. So you had a 50-percent reduction in staff.

Ms. **White**. Right.

Senator **DeConcini**. And, you had what; an 80-percent reduction in that paraticular program?

Ms. **White**. Yes.

Senator **DeConcini**. Is that somewhat true of a lot of the programs? Is it that severe?

Ms. **White**. Yes, it is.

Senator **DeConcini**. A 50-percent cut in your staff, and as much as an 80-percent reduction in the program.

With a 50-percent reduction in staff, why can you not deliver at least 50 percent of the services?

Ms. **White**. Most of our seniors take one outreach worker all day. We try to get everything done in 1 day.

Senator **DeConcini**. Thank you.

Mr. **Sampson**. Also, it is hard to categorize. I think a major factor is to determine what kinds of respective service is being cut back or reduced by 50 percent.

Getting down toward the end, I made reference to the effect that the budget cuts have had and the proposed, further cuts are probably going to have. This puts us in this situation: we are concerned about how we will be able to redirect available funds and keep our program from running out of service dollars before the end of this fiscal year.

And, I think of major importance also is due to the budget cuts, a serious problem has been created in the health support area. First, the Yakima Indian Nation has been using the remainder of our State-funded dollars under the State Senior Citizens Service Act to purchase health appliances, such as glasses, dentures, hearing aids, et cetera, for those individuals who could not receive social assistance from Indian Health Service funds.

In the Portland area, Washington, Oregon, and Idaho; that is the only area within Indian Health Service areas that does not have an

Indian Health Service referral hospital. So, consequently, we function extensively on contract care funds for referral systems.

So, when there is a lack, as we are experiencing in the Yakima Indian Nation contracts for our contract care funds from the Indian Health Service.

We have literally been put in a situation where we have to prioritize who is going to receive the service. And when you come to hearing aids, glasses, and these types of incidentals, they are put on the bottom of the list. This includes those who are senior citizens.

Senator DeConcini. Who makes the actual decision?

Mr. Sampson. Right now, since we have the responsibility, the Yakima Tribal Council does.

Senator DeConcini. The council makes the decision what the priorities are going to be. Probably a not-too-popular decision.

Mr. Sampson. Yes; you should be aware of that.

Senator DeConcini. I sure am.

Ms. Marks. Senator DeConcini, it is important to realize that the Portland area office of the Indian Health Service has been on priority 1 for everyone; meaning that deferred surgery is in effect in that area and has been for a period of the last 5 to 6 months due to lack of contract care.

We are aware of a large number of people with severe gallstone problems, these types of things, who simply are sitting there waiting. As a result, I think it is important to clarify that the tribe is not really at fault in this situation of having to make a decision. It is a matter of surgery versus glasses.

Senator DeConcini. Yes. So, if you are on the list for a gallstone operation, the only way you could get moved up is if it became an emergency.

Mr. Sampson. If you had an attack.

Senator DeConcini. Otherwise, you have got to wait your 5 months or whatever?

Ms. Marks. Right?

Senator DeConcini. Thank you very much for being here.

Ms. Marks. From what I understand from the National Indian Health Board, it has gone on as long as a 1-year period.

Senator DeConcini. Is that just in the last year or was that before?

Ms. Marks. As you may recall; going back with the committee to 1978–79 when South Dakota, North Dakota, and the Billings area were all under this situation of a cost overrun, their priority listings were backlogged for a period of, at some points, 2 and 3 years. The result being that when emergencies came up, Indian Health Service went ahead and authorized. And, what we had in South Dakota, my boss' State, was a situation where physicians and hospitals simply were not being paid. They were authorizing but no money was being paid. And, as a result, IHS was sued by a number of these physicians.

Therefore, IHS has had to tighten down, and probably has backlashed in tightening down even more when it comes to agreeing to something.

Senator DeConcini. To come up with the money to pay——

Ms. Marks. You have to almost prove the emergency situation, if money is tight, because they don't want to get into a situation of not being able to pay on it within a period of time and being sued for that plus interest.

Senator **DeConcini.** I understand. Thank you for your clarification. That is helpful.

Mr. **Sampson.** We have also some unique kinds of health-related problems. The Yakima members' survey that was done, shows the highest per capita ratio of rheumatoid arthritis of any group in the world. So this is affecting, quite extensively, our elderly as well. Some people, as early as in their teens, are struck with rheumatoid arthritis.

So, getting towards the end then, we have other kinds of problems through the regulations that we have. We have a high concentration of migrants that come onto our reservation for various reasons, and through the regulations we are bound to provide services to these migrants; and in some cases, also illegal aliens for which we have to provide services, which reduces the actual allocation that our tribal members are receiving.

So, in concluding I would like to leave open that the Yakima Indian Nation is willing at any time to work with any group or groups that you may appoint, as far as coming up with a policy on aging or any kinds of contributions that we can make; as far as rectifying the kinds of problems that we are experiencing.

Ms. **Marks.** Senator DeConcini, if you would just indulge me for a few more minutes.

I am in a kind of a unique situation with this, as I was the Senate Select Committee staff person involved in writing title VI. And if I may, for the record, I would like to go back a little bit and inform the committee again of some of the things that took place. When the Senate Select Committee was approached by the National Indian Council on Aging in 1977-78 about the possibility of developing an Indian title for aging, we began to investigate various possibilities. The first turn, of course, coming from all staff people was what about the Bureau.

The position that was taken at that time was a concern which I think the Bureau themselves related well today: that under the Snyder Act, we have not been all that successful in instituting new programs with dollar figures to back them up.

There was a feeling that the association on aging was in a better position to assist in this endeavor, and we started to try to put together some dollar figures. Putting these together, we absolutely, in no way, were under the assumption that the Bureau would be pulled out of the aging field. We felt that there needed to be continual pressure on them to take their share of the responsibility.

When we came up with the initial figures for title VI, we estimated that a figure of somewhere in the neighborhood of $25 million would be needed. The reason behind putting these together was the fact that when we contacted various tribes, we found that there was a limited number of smaller tribes who were not yet prepared to move into the direct funding situation. This was the reason title VI was written the way it is, giving the tribes the either/or possibility.

So when we bounced the figures together, we, as required by law, sent those figures over to the Congressional Budget Office. What we were told was because this was an unanticipated amendment, $25 million simply could not be handled under the budget requirements.

Therefore, we started negotiating back down. And the $5–$6 million figure that is included within the act was considered to be a minimum.

We anticipated fully at that time that as more tribes began to apply for title VI, that moneys would be transferred over to title VI to accommodate this, either out of the State-funded title III or new moneys added on, whatever the Appropriations Committee determined to be appropriate at that point in time.

This has not taken place. My initial recommendation, in looking at this situation, was to set up a funding formula for moving moneys from title III into title VI. My immediate concern when I think about this, is the situation that I see my clients presently under with block grants.

If a formula is not set up properly, what is going to happen is that tribes who are presently receiving $150,000, for example, under title III, are going to end up the same way they are with the blocks, ending up with maybe 10 to 12 percent of that money. And we are very concerned with anyone making a quick judgment to do that, unless the formula is put into place.

I am sure that everybody who logically thinks about it realizes that transportation problems and unique health problems on reservations require additional money. Also, there is a factor that smaller tribes require a basic administrative figure which needs to be plugged in.

And I think all of these things have got to be taken into consideration. The title III was not developed with Indians in mind; title VI was. And at the same time, I think it is important to realize that title VI was developed to the best of our capacity with Indians in mind in 1977, and like all laws that have passed out of this committee, committee members and staff agreed to the fact that there are going to have to be adjustments as things change and new figures have been found.

Unfortunately, due to budget constraints, $6 million is still the figure that people bounce around, and we are looking at a possibility of cutting back even more on that. Presently, there are some 40 to 50 Indian tribes who apply for title VI every year and are turned down. They go back under title III, not because they want to, but because they have to.

And I think something needs to be done. What, at this point, I do not have the answer, but I feel that one mechanism with budget constraints is to try to find an effective way of transferring moneys from title III to title VI. I was informed by Mr. Larry Curley of the National Indian Council on Aging that he has discussed this with various State representatives and the States are in agreement. They are finding problems.

So I thank this committee for listening to us today, and again I would like to volunteer my assistance in any way in preparing such proposals.

Senator DeConcini. We thank you for your statement, Patty. Your record here with this committee is well known to all of us. Your expertise in this legislation and your suggestions are well taken. I appreciate that, and want to be slightly optimistic that we can see something happening. I am very disappointed by what I foresee will be the next round of cuts. It will be No. 4 round now coming up for 1983. I agree with you, I just do not see how we can possibly take any other reductions here. It was underfunded in the very beginning.

Ms. MARKS. If I might: The one thing that keeps coming back to mind when I look at the Bureau involvement in this, is the problem that we are facing right now with the Indian Child Welfare Act. The immediate concern that I saw when we were writing that was, what was the then-Department of HEW going to do. I think their track record, of which you are well aware, has proven what they do.

Once a project is assigned to the Bureau of Indian Affairs or a responsibility is given therein, the other departments have had a tendency to simply back out and state that this is the Indian agency; this is who you go to. I believe that the interdepartmental relationship is a very critical element. I am very concerned that anything that is developed states very clearly and follows up that statement with Senate and House action in appropriations that HHS is not going to be relieved of their primary responsibility unless the dollars go with it.

Senator DECONCINI. Thank you very much, Mr. Sampson. And also, Ms. White, we appreciate your testimony and your assistance today.

Without objection, your statement will be placed in the record at this point.

[The statement follows:]

PREPARED STATEMENT OF THE YAKIMA INDIAN NATION SUBMITTED BY MEL SAMPSON

Good morning Mr. Chairman, my name is Mel Sampson and I am here today representing the Yakima Indian Nation as a Member of the Tribal Council and a member of the Yakima Nation's Committee on Health, Education and Welfare.

I am accompanied today by Ms. Betty White, Director of the Yakima Indian Nation's Area Agency on Aging and Ms. Patricia Marks one of the Tribe's Washington D.C. based consultants. As you may be aware, Ms. Marks was heavily involved in writing the original language of Title VI of the Older Americans Act when she served as a staff member of this Committee.

The Yakima Indian Nation is located in central Washington State and covers some 2,137 square miles. Presently, we have over 6,500 enrolled members of which some 542 are over the age of 60.

Because of the critical role that older tribal members play in the day to day life of the Yakima Indian Nation, we are extremely concerned with providing the best and most effective services to each and every one of them. Unfortunately, our goal of providing these critically needed services has been severely inhibited by a total lack of coordination on the part of various federal agencies, unclear and cumbersome federal regulations and a severe shortage of funds.

In F.Y. 1981 the Yakima Nation's Area Agency on Aging received its funding from four predominent sources: Title VI and Title III of the Older Americans Act, state funds provided under a state statute called the Senior Citizens Service Act, and the Tribe.

Title III funds are utilized to provide an on reservation elderly nutrition program. This program allows us to distribute hot meals to a limited number of elderly members who can not leave their homes for medical reasons. It is also utilized to provide a centralized lunch program where older tribal members can come to have a hot meal. Because of the size of our reservation and the federal regulations which require us to service all Indian and non-Indian citizens living within the boundary of the reservation (we presently have a 3:1 ratio of non-Indians to Indians living within the boundaries of our reservation) we have been forced to operate this program at four different locations. As funding is severely limited, we are unable to serve these meals everyday at all four locations. As a result we rotate this service on different days and therefore end up serving different groups of people at each location with each person receiving on an average of only one to two meals a week. One of most serious criticisms of the present funding formulas under the Older Americans Act is that the Administration on Aging has not taken under adequate consideration the specific transportation needs and problems of reservation communities. Unlike more heavily populated areas we have no form of public transportation and because of the low average income of tribal citizens, private transportation is also extremely limited. Title III moneys have only allowed the Tribe to purchase one fifteen passenger van which is supposed to be used to transport over 200 people from all areas of our 2,137 square mile reservation. To complicate matters even more State aging officials have informed us that we are not to transport people outside of a fifty mile radius. This clearly conflicts with our mandate to service everyone and creates numerous problems. While urban areas have busses, subways etc., which Senior citizens can utilize at a discount rate, we have none of these. This makes it impossible for us to provide services to the same number of people at the same cost as an urban or more centralized area. We ask that Congress take this into consideration and investigate the present system of allocating funds to Indian tribes.

Title III funding is also utilized to provide an equally critical service, that of elderly outreach assistance. Because many of our older people are not well educated, they have extreme difficulty in completing forms for such services as Social Security, Food Stamps and Medicare. To make matters worse, the closest offices of these various programs are located in the City of Yakima an average of 20–25 miles from our elderly tribal members. Outreach workers assist in filling this gap by providing assistance in filing federally required forms and applications for Social Security, Food Stamps etc., and provide the needed transportation to Yakima which allow many of our elderly people their only chance to make required visits to representatives of these programs. We have attempted to get these federal representatives to travel to the reservation for meetings but we have received nothing but excuses: it is against regulations, we do not have travel funds, we need to stay in our offices to service Yakima residents etc. Without these outreach workers filling this gap many of our older tribal members would lose out on these very basic services.

I feel it is important to take a moment to discuss the unique and often severe problems which many of our elderly people face. For example, many of our older people do not have birth certificates, a document which is required for almost all federal assistance programs serving older people. It is frustrating for a tribal outreach worker to have to spend hours convincing a federal representative that a person who is obviously over 60 should be eligible for assistance of this type. A second factor which must be taken into consideration is the fact that up until recently, health care on reservations was extremely poor and often non existent. As a result, many of our older people suffer from handicaps and diseases which are unique and which create a need for additional assistance and care. A third and equally critical point is the element of low average income throughout our reservation community. The majority of our younger families have little money available to assist their elderly relatives in times of emergencies, although we are proud to state that the overwelming majority of them do. Little things such as missing a day of work to take one's mother or father to visit a social security representative creates a definite hardship on a large number of families. Despite these proven facts, federal regulations make no attempt to take them into consideration when allocating funding to Indian aging programs. We feel this is wrong.

A second critical problem in attempting to provide services to our older people results from the lack of coordination of federally assisted programs. The Yakima Indian Nation was very excited when the Congress proposed the development of Title VI direct funding, under the Older Americans Act. We felt that if we could obtain adequate funding from a federal program which would allow us to develop a well thought out, well coordinated program for our older people, we could begin to make progress in providing a variety of needed services. We were quick to learn however, that the concept of Title VI was soon to fall apart, as have so many direct funding programs for two reasons and two reasons predominantly: lack of funding and cumbersome federal regulations which do not allow for a coordinated effort. When the tribe approached the Administration on Aging with the idea of applying for Title VI funds, we were immediately informed that because of the limited dollars in the program, we would lose some 90% or well over $100,000 in service dollars which we were then getting under the State pass through, Title III program. We obviously were forced to reject this option, despite the fact that under Title III funding our program director was prohibited from doing such things as service traditional foods such as venison and fresh salmon, because they were not federally inspected and we were forced to service the non-Indians within our community without adequate dollars to cover the cost of a good program for our own Indian people. As a result of this information, the tribe has opted to receive two grants: one from Title VI which provides a hot lunch program in an immediately off reservation community and one from Title III which pays for our on reservation outreach and hot lunch program. This obviously forces us to expend federal dollars to keep two sets of books, operate two different programs to accomplish the same goal and eliminates any real possibility of providing a consolidated program for all Yakima Tribal Members. In these days of tight budgets we feel this is ridiculous and we encourage the Congress to investigate these types of situations and attempt to find a solution. It would be wonderful if just once our Tribe could apply to one agency for one grant which would service this program.

The recently proposed federal budget cuts have already begun to take a serious toll on our aging program. Allow me to provide you with some examples. First, as I mentioned previously, the Yakima Nation receives a limited amount of money from the State of Washington. These dollars are utilized to provide services for which no federal or tribal funds are presently available. One predominent element of this program is minor home repair. A large number of our elderly people own homes but do not have adequate funds to repair such things as electrical wiring, plumbing, stoves etc. Since federal funding is inadequate in these areas, we have utilized our state moneys to pay for supervision and materials and up until August we were utilizing CETA personnel to do the actual repairs. As a result of the elimination of Title IID and VI CETA funding we have gone from three carpenters to none and the supervisor of this program is personnally doing whatever repairs he can himself. With the winter months here, we are extremely concerned as to what will happen to a large number of our elderly when something critical breaks down in their home. The elimination of these two CETA titles have struck us in another way as well. Because of the limited dollars we are provided under our Title III grant we have been forced to use CETA positions to fill needed gaps in personnel. In August, our Title III program lost the following CETA positions: an assistant bus driver, a secretary, a transportation outreach worker and a cooks aid. Because of their critical importance to the operation of our program, we have been forced to dip into Title III program dollars to pay the salaries of the cooks aid, the secretary and the outreach worker. This move has depleted our program moneys by $22,600. We have discussed this situation with representatives of AOA and they state that they have no funds to fill this gap. We are seriously concerned with how we will be able to redirect available funds to keep our program from running out of service dollars before the end of the year.

Due to the budget cuts a serious problem has been created in the health support area. First, the Yakima Indian Nation has been using the remainder of our state funded dollars (under the State's Senior Citizens Service Act) to purchase health appliances such as glasses, dentures, hearing aids etc., for those individuals which could not receive such assistance from IHS funds. Because there is no Indian hospital on our reservation our contract care funds are extremely limited and we therefore have to put surgery, and other critical life saving medical needs in front of such things as glasses, hearing aids etc. With the severe cuts in IHS contract health care dollars, the number of people being turned down or placed on endless priority lists for these life assisting devices by IHS is increasing daily. We are confident that we too will run out of money and will be forced to say no to a tribal member with such a basic need.

I would like to make one point at this time. Many people are under the impression that the Yakima Nation and other tribes are not contributing to the support of these types of programs. I would like to take issue with that. First, the Yakima Indian Nation contributes some $20,000 in cash and inkind services to the Title III program. In addition to that we contribute over $70,000 to provide additional services to a group of our older people who are not eligible for such services under federal law. These are tribal members between the ages of 55–60. What we have not yet been able to convey to the Congress and the federal agencies is that Indian people have a much lower life expectency and a much larger percentage of medical problems, as we have addressed earlier. Tribal funds are utilized to provide these same types of nutrition and out-reach services to some 150 individuals between the ages of 55–60. All of these people are unemployed and all have specific needs. We would like to take this opportunity to go on record as requesting that the eligibility requirements of the Older Americans Act be lowered to accommodate this group as they too have critical needs.

The question of need brings up another frustrating point. As I have stated, the Yakima Nation receives a grant under Title III to service both the Indian and non-Indian elderly within the boundary of our reservation. Our grant is approximately $137,000. At the same time the County of Yakima receives somewhere in the neighborhood of $200,000 to provide hot meals at two locations on the reservation as well. We have raised questions as to why two programs are functioning on our reservation and all we receive in reply is criticisms and threats from the state saying that we are not providing adequate services to the non-Indian elderly in our community. The Yakima Nation is willing to provide these services and does to a number of non-Indians, however the majority of these people are attending the program run by the County, which has more money per person than we do. We are fearful that the State will attempt to decrease our allocation under Title III for our so called failure to provide these non-Indians with services, yet we continue to ask how we are to do it if the County of Yakima has our funds. A second area of concern surrounds who should be counted as part of our service population. As you may know, the Yakima reservation is a large agricultural area and as a result we have a number of migrant Indian and non-Indian families traveling on and off the reservation. At present, we are not allowed to count these people as part of our service population, even during a limited season of the year. This again depletes our budget as we are prohibited from and simply do not want to turn these people away, especially those which are members of federally recognized Indian Tribes. A second and somewhat unique problem we are faced with is that a large number of illegal aliens are presently located within the boundary of the Yakima Indian reservation. Because these people are hard to count they also are not included in our service population yet they receive our services. When one combines these migrants and illegal aliens we find that a substantial number of people are being serviced when no funds are presently provided to cover them. Again, we stress the need to rework funding formulas to assure an equitable and workable level of funding.

In closing I would like to point out that the Yakima Tribe is a sovereign nation which has a treaty relationship with the United States government. Our treaty guaranteed that our people would receive adequate health and welfare assistance in return for our land and our loyalty. We have heard the President of the United States talk about his safety net. We raise the question of who is in it. The Congress and various federal agencies must realize that because of the interrelationship of federal programs, a cut in one area oftentimes has a devastating and unanticipated impact on another. I am sure that the Office of Management and Budget did not study the impact of CETA cuts on our elderly program yet they are there. I am sure that they did not consider the amount of tribal dollars which would be needed to fill critical life threatening gaps in services, yet this is clearly the fact. State Title III programs were not designed with Indian reservations in mind, Title VI was, yet we are prohibited from obtaining adequate Title VI funds to run our full program, instead we are told to take the money out of two different pots and run two different programs. We are pleased that the White House has seen fit to continue their Conference on Aging, we ask only that the Administration and the Congress involve Indian people in the planning and decision making surrounding programs and budget cuts which will affect our people. We are more than willing to participate in any Congressional or Administration appointed working group which will allow us an adequate forum to present and discuss our needs and our views.

On this note, I would like to thank this committee for allowing us a small forum to do just that. Your continued interest and support of our needs are appreciated by the Yakima Indian Nation and its members.

Senator DECONCINI. Our last witness will be Mr. Larry Curley, National Indian Council on Aging. Mr. Curley, are you here?

Mr. CURLEY. Yes, sir.

Senator DECONCINI. We have your statement and we will be glad to submit it for the record. If you would like to highlight it for us, we do have some questions we would like to ask. Please proceed.

Mr. CURLEY. I would be more than happy to highlight it. I am sure you have a lot of time constraints.

Senator DECONCINI. Without objection, your statement will be placed in the record following your testimony.

STATEMENT OF LARRY CURLEY, DIRECTOR, OFFICE OF TRAINING AND TECHNICAL ASSISTANCE, NATIONAL INDIAN COUNCIL ON AGING

Mr. CURLEY. Mr. Chairman, my name is Larry Curley. I am director of the office of training and technical assistance. I have been with the organization since its inception in 1975, prior to that with the area agency in Pima County with Marian Loopoo & Co.

We have heard a number of references today in reference to the National Indian Council on Aging, and yes, indeed, we have done a study that does identify the needs of older Indian peoples across the country.

We have used a particular study that has been developed by Duke University in North Carolina. It has identified and shown very well that in terms of chronological age Indian people are much less able to make it that far. In terms of their adaptability and their physical age, we found in our study that Indian people show at the age of 45 the same physical characteristics as older non-Indian people at age 65. And this is using a comparable study.

I think, based on that, that we do know that Indian people in every other kind of socioeconomic standard that people use to show how bad off people are, that Indian people consistently end at the bottom end of the socioeconomic standard. According to a statement that was made by Dr. Arthur Fleming recently, that by any measure of the socioeconomic standard that the Indian community has consistently fallen at the bottom of the economic heap.

I think in relation to the title VI program, which we have bandied about recently, that the title VI program itself is funded at $6 million. We had hoped originally in the Senate version of the Older Americans Act which was passed, that we could manage to get through there a wording of $25 million as opposed to the House version which says "such sums as are necessary." We believe that the $25 million is still real. It is a very much needed program now, especially with the other cuts that have been referred to in the other programs.

One of the things that we have been consistently asking for since the 1961, 1971, and more recently at the 1981 White House conference, is the need for the administration and all of the departments that are responsible for meeting the needs of Indian people across the country to begin to develop a national Indian aging policy which has been reiterated by my colleagues.

That policy needs to be developed, and the National Indian Council on Aging stands ready to assist any organization and any agency of the Federal Government which wishes to go in that direction. We have also indicated the need to develop an Indian focal point, Indian aging focal point in the various Federal departments, including the Bureau of Indian Affairs, the Administration on Aging, and Indian Health Service as a primary first step in implementing this whole policy.

Mr. Chairman, I think that more or less wraps up my statement. I think, in my charts and in the report, we do show that Indian people have consistently not received the services to which they are entitled, and we have found that in a number of studies, in the two studies that I will be submitting to you or your staff. I have these two copies, and I give them to you for your reference.

Senator DeConcini. I was just going to ask you if those were available for the use of the committee. I think they would be very helpful, Mr. Curley. We appreciate that offer. We have fiscal restraints too, so I do not know whether we could muster up the funds to even buy one.

Mr. Curley. Any amount would be greatly appreciated.

Senator DeConcini. Mr. Curley, you come to us with an outstanding background, and your offer of assistance is most appreciated. Have you had any contact from AOA or from the BIA on your involvement or recommendations on a national Indian policy on aging?

Mr. Curley. In the past year we have begun to talk with the staff members of the Bureau of Indian Affairs regarding the development of this policy. There has been an expressed interest on the part of the Bureau, not only the Bureau, but the Indian Health Service and the Administration for Native Americans, as well as the Administration on Aging regarding this national policy.

Senator DeConcini. Is this the first time that this has occurred?

Mr. Curley. In the past year it has occurred, probably, a couple times now.

Senator DeConcini. When was the last time you were asked, and what were you asked? Were you asked to give recommendations, or were you just——

Mr. Curley. Well, we had a meeting with Commissioner Tolliver—I think she referred to that meeting—about a week ago. She indicated she would be happy to sit down and begin to talk with the National Indian Council on Aging in the development of this national policy, which we readily agreed to.

Senator DeConcini. Does the National Indian Council on Aging have any assessments of the need of the off-reservation Indian elderly citizens?

Mr. Curley. In this particular study that we referred to, we have sampled 23 different sites across the country, and there are five urban Indian centers that have been studied in that analysis. However, I would like to add that five urban Indian centers are not enough to justify a projection. However, there are tendencies in that study that do show that urban Indians do need services to a much greater extent than non-Indian elders in the area.

Senator DeConcini. Let me ask you a specific question here. Can you tell us in just the short time we have left here this morning, what is likely to happen to the Indian elderly if they do not receive the adequate, preventive in-home care? Have you witnessed the actual and experienced some of these problems?

Mr. Curley. I would like to answer that question first at a national level and then with a very specific example.

At the national level in 1976 there was a study that was conducted by a couple of doctors at the University of Chicago, Dr. Ethel Shannas and Dr. Sheldon Tobin, who found that in any given population of people 60 and over that 14 percent of that population is going to need in-home services, or they are going to end up in institutions. And if you project that 14 percent out into the Indian community of 109,000 older Indians, you are talking about roughly 15,000 older

Indians who would end up in institutions if it were not for supportive services.

With only six nursing homes on Indian reservations in the country today with a maximum of 500 beds, obviously the 14,500 other individuals are going to end up off the reservation outside their environment.

In a specific case, a few years ago——

Senator DeConcini. Let me interrupt you just 1 minute. Is it safe to say that without the care they are getting, they would indeed all be institutionalized?

Mr. Curley. I would say it would be safe to say that they will end up in institutions were it not for those supportive services. I think, in terms of the specific instance that you are requesting, a couple years ago on the Papago Reservation there was an older gentleman who needed certain kinds of services that older individuals—I think there was an impoundment of funds or something some years ago. This older Papago gentleman lived by himself, had two or three dogs that kept him company. They had outreach workers that went out to check on this older individual on a daily basis.

But, as a result of the impoundment of the funds, the staff person could not get out there because there was not money available to do it, and it was not until a week later that they could get out there.

A week later they went back out there and found the old man had had a heart attack and had died, and that the favorite companions of that individual had gotten hungry enough to devour the body.

That is an instance of something that could happen if those kinds of services are not provided.

Senator DeConcini. That is a recent example?

Mr. Curley. That was about 3 years ago, sir.

Senator DeConcini. Has the National Indian Council on Aging given any study to what it would cost social service agencies to attend to the basic need of the elderly who have reached risk of death, for instance institutionalization?

Mr. Curley. We have not done any specific studies. However, in preparation for the 1978 amendments to the Older Americans Act we did go out and asked their tribes if they had their ideal level of funding as compared to the moneys that they were currently receiving at the time, which was $4.5 million out of a total $200-and-some million program for the Older Americans Act, the Indian tribes at that time indicated that they would need roughly close to $25 million to run their programs and provide the kinds of services that would prevent this.

Senator DeConcini. Does anyone have any questions?

[No response.]

Senator DeConcini. Thank you very much, Mr. Curley, for your testimony and your willingness to assist us. You provide a very fine resource for our committee.

Mr. CURLEY. Thank you. By the way, with one further addition I would also like to submit for the record a copy of the recommendations that the National Indian Council on Aging submitted to the 1981 White House Conference on Aging. I think you will find it very helpful.

Senator DECONCINI. We would like very much to have that. We will continue to hold the record open, and I would request that the staff prepare letters to be sent to various Indian tribes and organizations requesting written testimony. I think today's hearings have been very good. I think we can secure even more information here to build a very sound record that will not only help us here in this committee, but perhaps the appropriation committee. Maybe we can get the administration to take a close look at it.

We will leave the record open. Thank you very much. We will stand in recess subject to call of the chairman.

Mr. CURLEY. Thank you.

Senator DECONCINI. Without objection, the material will be placed in the record along with your statement.

[The material follows:]

PREPARED STATEMENT OF MR. LARRY CURLEY, NATIONAL INDIAN COUNCIL ON AGING

Mr. Chairman and members of the Senate Select Committee on Indian Affairs, my name is Larry Curley and I am director of the Office of Training and Technical Assistance for the National Indian Council on Aging. We are honored to be here today to assist you and the other members of the committee on this subject which concerns us all.

Mr. Chairman, the National Indian Council on Aging was created in 1976 as a result of the wishes of the 1,500 Indian elderly delegates to the First National Indian Conference on Aging in Phoenix, Arizona, in June of 1976. Since its inception, the National Indian Council on Aging has been involved in assisting and improving the lives of this Nation's Indian elderly.

Who and where are the Indian elderly? Mr. Chairman, according to the 1981 census, there are an estimated 109,000 older Indians in the country today. They represent three-tenths of 1 percent of the total elderly population and approximately 8 percent of the total Indian population. According to the Department of Commerce, there are 333 Indian tribes in the United States, with 88 percent of them in the States west of the Mississippi River, and they speak over 250 distinct languages. A study completed by the National Indian Council on Aging in 1980 showed that 46 percent of the Indian elderly aged 60 and over were male and 54 percent were female. 40.4 percent were widowed; 5.8 percent were employed; more than 30,000 had poor or no vision; approximately 25,500 had poor hearing or total hearing loss; and approximately 64 percent had less than 8 years of schooling. 56.5 percent lived in housing units that were more than 30 years old; 14.1 percent still used an outhouse; 16.1 percent had heating equipment break down during the preceding winter; and 21.8 percent reported cracks and holes in their walls and/or ceilings. It is no wonder, Mr. Chairman, that 33.4 percent surveyed felt useless at times!

At a time when the Federal Government is re-examining its level of involvement in the provision of social services, these conditions still exist for our Indian elders and probably will continue to exist until something is done.

A recent study conducted by the National Indian Council on Aging identified participation of Indian elderly in Federal entitlement programs on four Indian reservations. The results showed that Indian elderly often do not receive the services to which they are entitled. The following charts indicate the level of participation by tribe and by marital status.

PROGRAM PARTICIPATION: BY TRIBE AND AGGREGATE

[In percent]

Departments and programs	Jicarilla	Pine Ridge	Papago	Siletz	Total
Social security:					
Disability	0	12	5	22	9
Retirement	8	46	30	41	37
72+ benefits	1	1	2	7	2
Survivors	5	22	3	6	12
S.S.I	42	47	47	7	45
Social security:					
Medicaid	7	77	1	6	39
Medicare	23	66	38	59	51
Veterans' Administration:					
Pensions	0	1	2	13	2
Survivors	5	1	3	4	2
U.S. Department of Agriculture:					
Commodities	0	10	56	13	29
Food stamps	1	83	17	11	49
Bureau of Indian Affairs: General assistance	32	5	7	11	3
Tribal dividends	86	0	0	0	5

WIDOWED PROGRAM PARTICIPATION: BY TRIBE AND AGGREGATE

[In percent]

Departments and programs	Jicarilla		Pine Ridge		Papago		Siletz		Total		Total
	M	F	M	F	M	F	M	F	M	F	
Social security:											
Disability	0	0	20	9	8	1	67	33	13	5	8
Retirement	10	9	64	10	32	27	100	42	46	19	29
72+ benefits	0	0	1	3	4	3	0	17	3	3	3
Survivors	10	5	4	78	0	7	0	17	2	38	25
S.S.I	50	36	77	62	45	50	0	0	59	53	55
Social security:											
Medicaid	0	5	92	88	1	0	0	25	41	39	39
Medicare	30	14	84	84	43	40	100	58	61	58	59
Veterans' Administration:											
Pensions	0	0	1	0	1	0	0	0	1	0	(*)
Survivors	0	14	0	2	3	6	0	0	1	4	3
U.S. Department of Agriculture:											
Commodities	0	0	10	10	67	49	33	8	38	28	32
Food stamps	0	0	86	87	4	21	0	17	40	48	45
Bureau of Indian Affairs:											
General assistance	50	23	3	1	4	6	33	0	6	4	5
Tribal dividends	90	73	0	0	0	0	0	0	4	4	4

Title VI of the Older Americans Act, "Grants to Indian Tribes", passed by Congress in the 1978 amendments to the Older Americans Act, has also fallen short of its idealized purpose. The law was signed by then President Carter on October 18, 1978. The law required the Administration on Aging to develop the final rules and regulations within 90 days of its passage. Twenty-one months later, on July 18, 1980, the final rules and regulations for title VI were published in the Federal Register. In fiscal year 1980, there were 85 grantees under the title VI program, with an average grant of $70,500. Out of this must come personnel costs, overhead costs, and costs for providing four required services—nutrition, legal, information and referral, and nursing home ombudsman services. With the exception of nutrition services, most of the required services are not relevant to the Indian community.

With the debut of title VI, it has not been unusual for State Offices on Aging to defund tribal programs that have opted for title VI. Some tribes which have decided to receive both title III and VI funding have had their title III funding disproportionately reduced by the State. These types of actions have not been the monopoly of State agencies, but other agencies and organizations have entered the market as well.

We feel that the title VI program can be a vital program—although to date, it has been hampered by excessive service requirements and miniscule funding. We believe a $25 million program for title VI is not unrealistic, but rather humane for a group of people who deserve much more than they have. In addition, the regulations have prohibited smaller tribes from participating in this program. The needs of their elders are no less significant than those of larger tribes, and we believe that the law must be changed to enable smaller tribes to be eligible. Finally, services should be congruent with the needs of the community; however, current title VI statutory language dictates services, regardless of the needs of the beneficiaries. This, we feel, needs to be changed.

It is clear, Mr. Chairman, that a comprehensive approach to aging services provision needs to be developed and implemented. A national Indian aging policy is a must, and should not be considered an exclusive responsibility of the Administration on Aging, but rather a responsibility that all Federal departments need to share, and particularly those agencies with primary responsibility for services to Indian people.

The NICOA stands ready to assist in the development of such a policy and would cooperate in coordinating efforts to produce the desired end result.

We believe, Mr. Chairman, that the establishment of an Indian focal point within the Administration on Aging, the Bureau of Indian Affairs, and the Indian Health Service is a necessary first step toward the development of this policy.

And finally, Mr. Chairman, we are submitting for the record a copy of the National Indian Council on Aging's recommendations to the recently held 1981 White House Conference on Aging.

NATIONAL INDIAN COUNCIL ON AGING
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SPECIAL ISSUE

1981 WHITE HOUSE CONFERENCE ON AGING: THE INDIAN ISSUES

In this issue we depart from our usual format to present the "Indian positions" NICOA has developed for presentation at the 1981 White House Conference on Aging, November 30 through December 3.

Previous White House Conferences on Aging in 1961 and 1971 set the framework for major changes and developments in U.S. aging policy and services — including Medicare, Medicaid, the Older Americans Act, and the present national aging network. In past conferences, however, Indian input has been minimal. It is our hope that the positions outlined here will contribute to a growing national awareness and activity on behalf of the Indian and Alaskan Native elderly.

The recommendations are based on proceedings of past National Indian Conferences on Aging, and especially on the 1980 National Indian Conference on Aging, which was designated a mini-White House Conference on Aging. The recommendations are divided into 14 topic areas, corresponding to the 14 committees of the 1981 White House Conference on Aging.

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HEALTH CARE AND SERVICES

POSITION. It is the position of the National Indian Council on Aging that all Indian and Alaskan Native elderly receive the highest degree of health care and ancillary services.

BACKGROUND. The health status of the Indian population is significantly lower than that of the U.S. population, as shown by the fact that the life expectancy of Indian people is approximately eight years less than that of the general U.S. population. Major health problems of older Indian people include obesity, diabetes, hypertension, cancer, pneumonia, vision, and dental problems. Liver and kidney diseases are more prevalent in the Indian than the non-Indian population; tuberculosis is five times as common among the Indian population. On some reservations, as many as 40% of all adults have diabetes.

Health care for the Indian elderly is available through three major sources: Indian Health Service, Social Security Medicare and Medicaid. Barriers to utilization of available health services include lack of transportation, lack of information about health services, and lack of cultural sensitivity on the part of health care providers. Additional barriers exist for urban Indian elders, who tend to seek only emergency medical care. Most urban areas lack health facilities for Indians, and many Indian elders have no insurance and insufficient income to pay for available health care in urban areas.

Although mental health service delivery to the Indian elderly is minimal at this time, there is a definite need for further research on the mental health status of Indian elderly, as well as appropriate treatment modes. Findings at present suggest that Indian elderly suffer from depression and anxiety at somewhat higher rates than do U.S. elderly as a whole.

The federal government has a trust responsibility to Indian people which includes the provision of quality health care and services. This unique relationship must be reaffirmed from time to time to remind the federal government of its commitment to Indian people.

RECOMMENDATIONS

1. U.S. policy should be changed to guarantee sufficient funds be allocated to finance quality health care and services to all elderly, including Indian and Alaskan Native elderly.
2. The Indian Health Service, in cooperation with the National Indian Council on Aging and the National Institute for Mental Health, should immediately develop a health policy for the Indian aging, to include physical and mental health and rehabilitation services. This policy should address health care for all Indian elderly — reservation, rural, and urban. This policy should be presented to Congress no later than December 1983.
3. All Indian Health Service facilities should immediately be upgraded to meet the standards of the Joint Commission of Accreditation of Hospitals, to become eligible for third-party reimbursement through Medicare and Medicaid.
4. Educational grants should be provided for Indians and Alaskan Natives who wish to pursue professional health careers.
5. Health education and training should be provided to elderly and, when appropriate, to their families, to ensure that the elder and/or caretaker is able to follow specialized dietary and health care regimens required by conditions such as diabetes and metabolic problems.
6. Funds should be made available to cover home health care costs. Indian tribes, in conjunction with the Indian Health Service, should be allowed to certify Homehealth/Homemaker Service agencies in order to receive third-party reimbursements.
7. The Indian Health Service should facilitate the use of traditional medicine in treatment, where appropriate and desired by the patient. Bilingual and bicultural personnel should be available to administer health care to Indian elderly.
8. A coordinated transportation system should be developed to enable elderly to access health care and services.

ECONOMIC WELL-BEING

POSITION. It is the position of the National Indian Council on Aging that Indian elderly must be guaranteed an income above the poverty level in order to live in honor and dignity.

BACKGROUND. The economic well-being of Indian elderly is more precarious than that of most of our nation's elderly.

Sixty-one percent of Indian elderly have incomes below the 1980 national poverty level.

One-third of all Indian elderly receive SSI, which provides benefits below the national poverty level, as their sole source of income.

Sixty percent of Indian elderly support family members with their inadequate incomes.

The average income of Indian elderly (regardless of source) is insufficient to provide the life-supporting essentials of food, clothing, shelter, fuel, water, and medical care.

Indian elderly have worked hard to provide for themselves and their families. However, due to lower levels of education and higher levels of unemployment in their communities, they have not had the opportunity to earn Social Security or private pensions.

The average Indian elder is unable to participate in retirement programs because of a life expectancy that is eight years lower than that of non-Indian people due to greater health problems and a harsher environment.

RECOMMENDATIONS

1. A **single income support program** for Indian elderly should be established which will guarantee an income **at least 25% above the poverty level.** This should combine the benefits of Social Security, SSI, BIA-General Assistance, food stamps, and other income support programs.
2. **No changes** should be made **in the Social Security eligibility age** until further research can be conducted to determine an impartial policy of eligibility for ethnic populations that have a lower life expectancy.
3. The **income benefits** of the elderly should not be reduced when they move in with their families. In addition, there should be **income tax credits for persons who financially support elderly relatives,** regardless of the elder's place of residence. These changes will promote the family and protect the families' economic well-being.
4. **Social Security regulations** should be changed to encourage self-sufficiency and to protect the vulnerable:
   a) Elderly people should not pay for Social Security payment mistakes which will adversely affect their economic well-being.
   b) The allowable unearned income level (including royalties and tribal dividends) should be increased.
   c) The earned income provision should be eliminated.
5. The Department of Commerce should develop programs for the **economic development of Indian tribes** within the national economic recovery plans to ensure economically healthy Indian societies which can take care of their elderly.
6. The Administration on Aging and the Social Security Administration should initiate an **education program to teach and advise elderly on stretching limited incomes, managing their resources** through good saving and banking practices, and becoming more self-reliant and self-sufficient.

PROMOTION AND MAINTENANCE OF WELLNESS

POSITION. The National Indian Council on Aging recommends re-ordering national priorities to promote the health and well-being of the elderly through increased efforts aimed at prevention and early detection of physical and mental health problems of older Indian adults.

BACKGROUND. The health status of Indian elderly is not equivalent to that of the non-Indian population, as shown by the fact that life expectancy of American Indians is eight years less than that of the U.S. population as a whole.

Major health problems of older Indian people (as identified for NICOA by the Association of American Indian Physicians) include obesity, diabetes, poor nutritional status, hypertension, cancer, pneumonia, vision problems (especially cataracts), and dental problems. There are some indications that mental health problems also occur at a higher rate than among the older U.S. population in general.

Virtually all of these problems can be prevented or controlled through relatively simple measures. Yet most Indian elders receive medical and dental care only on an emergency basis. The overriding reason appears to be the lack of a national strategy for delivery of preventive health care. Other major reasons: (1) lack of coordination and linkages among the aging network and health care providers including the Indian Health Service; (2) lack of transportation to medical facilities; (3) lack of information about health services and preventive care; (4) lack of cultural sensitivity by medical service providers.

It should be noted that from the Indian perspective, "health" or "wellness" involves more than an absence of disease; the Indian concept of "health" denotes harmony, balance, and well-being throughout the physical, mental, spiritual, and social spheres of life.

RECOMMENDATIONS

1. The Administration on Aging and the Health Care Financing Administration, together with the Indian Health Service, the National Indian Council on Aging and the National Indian Health Board, should develop national policy and strategy to emphasize delivery of preventive health care to elderly.
2. The Older Americans Act should be strengthened as a vehicle to promote health and wellness of the elderly. Specifically:
   a) Funding should be increased for congregate and home-delivered meals under both Title III and Title VI.
   b) Indian tribes should be allowed to determine the age at which tribal members become eligible for aging services, since the local community is in the best position to know who is in need of services.
   c) Title VI requirements should be changed to allow smaller tribes to receive direct funding for provision of aging services.
   d) Nutrition education programs should be expanded for Indian elderly as well as for service providers.
3. Transportation services to bring elderly to medical, nutrition, and social services should be expanded, and funding increased accordingly.
4. Coordination and linkages between the aging network and health care providers, including the Indian Health Service, should be developed and strengthened, with the goal of improving health care for both reservation and urban Indian elderly.
5. Emphasis should be placed on developing multipurpose centers that serve Indian elders on reservations and in urban areas to promote mental and physical health through social, educational, nutritional, recreational, and employment opportunities.
6. Health education and health screening (including vision, hearing, and hypertension tests) should be offered at elderly meal sites and senior centers, along with appropriate health education, outreach, and referral. The Health Fair Program should be expanded nationwide.
7. No elder should be deprived of prescription medications, eyeglasses, hearing aids, dentures, or

(Continued on Next Page)

FAMILY AND COMMUNITY SUPPORT

POSITION. The families of the nation's Indian elderly represent a tremendous resource that has been utilized by the elderly to meet their social, medical, psychological, and spiritual needs. National policies should encourage, enhance, and strengthen these networks. The implementation of these policies will ensure that elderly Indians will receive the most appropriate and desired level of care.

BACKGROUND. The Indian community is characterized by the existence of the extended family kinship system. A recent study showed that 26% of the Indian elderly care for at least one grandchild, 58% of all elderly homes have two or more persons residing there, 67% of all elderly Indians live within five miles of their relatives and depend on these relatives for assistance in getting groceries, medical attention, etc.

As a unique community that has continued to retain its culture, its right to exist alongside other cultures is threatened by the many rules, laws, and priorities dictated by others. It is obvious that past efforts to absorb the Indian community have failed and therefore new initiatives to allow Indian communities to determine their destiny must be encouraged, developed, and protected.

RECOMMENDATIONS

1. The Bureau of Indian Affairs, Indian Health Service, Administration for Native Americans, Administration on Aging, and the National Indian Council on Aging should **develop a national Indian aging policy.** This should be presented to the Congress of the United States by December 1983.
2. Title VI of the Older Americans Act of 1978 should be amended to delete the provision of required services that Indian tribes are currently required to comply with.
3. Age requirements for elderly services in the Indian community should be determined by the Indian community and funding systems should be implemented that will allow for the development of inter-generational programs.
4. The Indian tribes, in conjunction with the Indian Health Service, should be allowed to certify Home-health/Homemaker Service agencies in order to receive third-party reimbursements.
5. Indian tribes, for purposes of Medicaid, should be considered as states and therefore eligible to administer the Medicaid programs in their community.

WELLNESS RECOMMENDATIONS (Continued)

other prosthetic devices because of inability to pay for them.

8. Bilingual and bicultural health and social service providers should be recruited to administer health services to Indian elderly.
9. Emphasis should be placed on establishing and expanding programs that provide inter-generational contact and learning experiences. In addition to the benefits for younger Indians, such programs are helpful to elders' mental health by easing feelings of uselessness and loneliness.

OPTIONS FOR LONG-TERM CARE

POSITION. The National Indian Council on Aging firmly supports the development of a **coordinated system of long-term care** that assists the elderly to function with the maximum level of dignity, independence, and harmony with their family, community, and culture. Such a system must encompass the "continuum of care" concept, which includes both health and social services.

BACKGROUND. The need for long-term care options within the Indian community is evidenced by its generally poorer level of health and higher level of disability. For example, a national study recently showed that proportionately fewer Indians aged **55**+ are able to carry on activities of daily living without help than are non-Indians aged **65**+. Poverty, rural isolation, lack of transportation, cultural and linguistic barriers, all have prevented the Indian elder from using existing supportive services as intensively as non-Indian elderly do. Many Indian elders continue to rely primarily on the traditional support network, the family — particularly offspring, spouse, and grandchildren. In spite of the strong traditional emphasis on family, community, and tribe, there are currently few supportive services available to Indian families who care for elders, or for Indian elders who require more than a daily hot meal but less than institutionalization. The few services that exist are too often inappropriate to Indian culture and family structure.

Finally, nursing homes create a special dilemma for Indian elderly. Although clearly viewed by the Indian community as a last resort, such care is sometimes necessary. Federal regulations present almost insurmountable barriers to construction of nursing homes on tribal lands. There are less than 300 nursing home beds on reservations; the remainder of the more than 5,000 Indian elders estimated to require nursing home care must reside in nursing homes off-reservation, often resulting in severe culture shock and almost complete disruption of the family and community support system.

RECOMMENDATIONS

1. A federal long-term care policy should be developed to encompass the **continuum of care**, including non-institutional and institutional services that respond to the physical, mental, and social needs of the elderly. Regulations must be flexible enough to ensure that the long-term care services provided through such a system are appropriate to the local community and culture.
2. Those federal policies and regulations that are biased toward institutional care should be revised, with the input of the National Indian Council on Aging, Indian tribes and organizations, to ensure that the elderly will be able to stay in their own home and community as long as possible.
3. The various governmental agencies which relate to long-term care of the elderly must coordinate their policies, regulations, and funds to allow for development of a streamlined long-term care system. These agencies include the Administration on Aging, the Health Care Financing Administration, the Department of Transportation, the Bureau of Indian Affairs, the Indian Health Service, and the Administration for Native Americans.
4. Support systems to maintain Indian elders in their homes should be developed, expanded, and funded at an increased level. Such services include homehealth/homemaker/chore services, transportation, shopping, home-delivered meals, checking, and referral services.
5. Supportive services for family members who care for an elder must be enhanced, including respite care, training, and financial support for a family member who provides full-time care.
6. Federal policies should be revised to encourage availability of "swing beds" in hospitals, particularly in areas where construction of nursing homes is not feasible.
7. Nursing homes and hospitals should offer arrangements that allow maximum interaction between residents and their families and communities. Examples include rooms in which visiting relatives can spend the night; rooms or facilities in which religious and traditional healing ceremonies can be held; and areas for cultural activities such as traditional dances and singing.
8. All hospitals should provide discharge planning services, to include coordination with aging services and home care providers.

(Continued on Next Page)

HOUSING

POSITION. It is the position of the National Indian Council on Aging that Indian elderly should have the opportunity for suitable housing appropriately constructed in a manner and location of their choice at a cost which they can reasonably afford.

BACKGROUND. The majority of the Indian elderly do not have an adequate income to cover housing and utility costs along with other necessities of life. Some elderly can barely afford low-rent public housing and are evicted upon the first rent hike because their fixed incomes cannot cover the additional costs.

The problems in housing vary depending upon geographic area and climatic conditions, with lack of air conditioning or plumbing creating problems in some areas. On reservations over 25% of Indian households are without plumbing. Housing of Indian elderly tends to be old and dilapidated. Approximately 26% of the homes occupied by Indian elderly were constructed prior to 1939. There is also considerable overcrowding. In a recent national study, 25% of Indian elderly reported bedrooms occupied by three or more persons. Service outages of critical systems were also reported. Heat, water, and toilet outages were 20%, 24%, and 15% respectively. In Alaska, 44% of all respondents claimed that they had heat outage the preceding winter.

The Department of Housing and Urban Development has provided some housing, but is not satisfactorily meeting the present need for housing for Indian elderly, a need which is rapidly growing.

RECOMMENDATIONS

1. The Department of Housing and Urban Development should coordinate with the National Indian Council on Aging and the Bureau of Indian Affairs to review and revise policies and regulations that create barriers to development of appropriate housing for Indian elderly, and should develop a national policy and strategy to address housing needs of Indian elderly. This policy should include a commitment by the IHS to provide running water and sewer to elders' homes.
2. Housing projects should take into consideration the respective Indian heritage and architecture, and the special needs of elderly.
3. More funds should be made available for senior citizen housing on reservations.
4. Indian tribes should retain jurisdiction over Indian lands on which HUD projects are constructed.

LONG-TERM CARE RECOMMENDATIONS (Continued)

9. Research should be conducted to develop model day care centers and multi-purpose senior centers for Indian communities, to provide social and support services in a culturally-appropriate context.
10. Indian tribes should receive direct funding for design, construction, and operation of culturally-appropriate nursing homes and alternatives on tribal land.
11. Long-term care services on reservation lands should be subject to federal and tribal, not state, regulations. Relevant federal agencies should coordinate with NICOA to develop appropriate regulations and standards.
12. Research should be conducted to develop model hospices or culturally-appropriate variations for Indian communities.
13. Society must recognize the right of the elderly to die with dignity, in concert with their own values and cultural traditions.

OLDER AMERICANS AS A CONTINUING RESOURCE

POSITION. It is the position of the National Indian Council on Aging that there should be an aggressive strategy to create opportunities for Indian elders to contribute through dignified and meaningful roles to the family, community, and society.

BACKGROUND. Indian elders are the foundation of the family and the Indian tribes. Utilization of this natural resource strengthens our society.

The most vital role of the elderly in Indian communities is the preservation of culture and religious tradition, through which elderly contribute to the health and well-being of Indian children, families, and society.

Given the opportunity to work, Indian elders play important roles in Older Americans Act Title V Senior Employment Programs, Foster Grandparent Programs, senior centers, and other programs. This has improved the mental health of the elderly and has benefitted the community.

More Indian elderly (17.2%) are working or seeking work than non-Indian elderly (11.6%). However, they are less skilled and have fewer years of formal education. Indian elderly will need adult education programs to prepare them for new roles.

Our society cannot continue to ignore the reservoir of knowledge and experience represented in our elders.

RECOMMENDATIONS

1. The **Indian Religious Freedom Act must be strengthened** with national policies which protect Indian cultural and religious practices. Arts and humanities and education funds should be set aside to record the elderly's knowledge of customs and tribal traditions.
2. Federal policies regarding service delivery should be changed to **promote inter-generational relationships and services** to strengthen the family structure. Regulations should be flexible to conform to tribal cultural practices.
3. The Indian aging network should coordinate a national initiative to **create new employment opportunities** for Indian elders. All elderly persons able and seeking work should have **access to appropriate and flexible employment,** and to job training and counseling where required. There should be no age discrimination.
4. The federal government should aggressively implement a national policy which encourages the full- and part-time employment of elderly in appropriate federal programs, such as education, social services, aging, mental health, and alcoholism. Demonstration projects should be developed to test the best methods of utilizing elderly in service and education programs, including Indian programs.
5. **Adult education** funds should be directed to minority elderly needs. Senior centers and community locations should be focal points of instruction.

RESEARCH

POSITION. It is the position of the National Indian Council on Aging that research can provide valuable assistance to the Indian community in improving the lives of their elders through the application of new knowledge and innovative techniques.

BACKGROUND. The number of Indian elders has grown from 63,000 in 1970 to 109,000 in 1981. This represents a 72% increase, and indications are that this population will continue to grow dramatically into the next century. The lack of research activity within the Indian elderly community results in a lack of information upon which to base policies and programs. The diversity of the Indian community requires an in-depth analysis to determine the Indian aging process in both the basic and applied research fields. However, the need for good research is predicated upon culturally sensitive researchers who are accountable to the Indian community.

RECOMMENDATIONS

1. The National Institute on Aging, the National Science Foundation, the National Institute for Mental Health, the Indian Health Service, the Administration on Aging, and the National Indian Council on Aging should implement a National Indian Aging Research and Strategy Task Force for the purpose of developing an Indian aging research agenda.
2. Research activities conducted in the Indian community must comply with the cultural values and processes of the respective Indian communities.
3. Additional research must be conducted to identify the needs of the Indian elderly at the tribal and national levels, and to develop and test innovative service delivery techniques that incorporate the concept of family.
4. Longitudinal research must be conducted to document the aging process within the Indian population.
5. Funding for Title IV of the Older Americans Act should be increased, thereby increasing the number of Indian researchers conducting research on aging within the Indian community.

CONDITIONS FOR CONTINUING COMMUNITY PARTICIPATION

POSITION. It is the position of the National Indian Council on Aging that all elderly, and specifically the Indian elderly, be provided with the necessary supportive services to allow them to continue to contribute to their communities.

BACKGROUND. In a recent study completed by the National Indian Council on Aging, it was found that 73% of the Indian elderly were mildly to totally impaired in their ability to cope with the rudiments of daily living. 74% do not have Medicaid coverage, 67% have barely enough income to meet their financial obligations. In most communities, including the Indian community, the availability of transportation largely determines the extent to which the elderly remain a vital component of the community. In the 1980 mini-White House Conference on Aging for Indian elderly, participants identified as an important issue the need to retain their culture. Programs, they felt, need to be instituted with values and customs of the beneficiaries in mind, and these values and customs need to be integrated into the future generations of Indian elders.

RECOMMENDATIONS

1. Funding should be increased to provide an adequate level of transportation services under the Older Americans Act, the Urban Mass Transportation Act, and other relevant legislation.
2. The various departments of the federal government in the process of decentralization should identify and consider Indian communities as regional districts or local offices of their respective programs, with bicultural and bilingual staff.
3. Educational systems, especially those in the Indian community, should develop and implement learning processes that include the utilization of the elderly of the community as learning resources.
4. Increase funding for and expand existing volunteer programs such as the Foster Grandparent Program, Senior Companion Program, and the Retired Senior Volunteer Program in the Indian community.
5. Outreach efforts to locate and refer Indian elders to services need to be instituted as an "escort-advocate" program funded jointly by the Social Security Administration, Veteran's Administration, Department of Agriculture, Bureau of Indian Affairs, Indian Health Service, and the Administration on Aging, thereby initiating the first step towards case management.

IMPLICATIONS FOR THE ECONOMY OF AN AGING POPULATION

POSITION. The policies of the United States must insure that the elderly, the poor, the handicapped, and the children — the vulnerable members of our society — are protected from the negative effects of inflation and rapid social change.

BACKGROUND. The United States will continue to experience rapid social change in the next decade. The current inflation is eroding the economic status of the Indian elderly. The number of Indian elderly living below the national poverty level is increasing. In 1980, 50% of the nation's Indian elderly had incomes below the poverty level. Many young people who support their elders have relocated to find work.

The number of Indian elderly nation-wide is growing. In 1970, there were 63,000 over 60 years of age. In 1980, there were 109,000 over 60 years of age. This is a 72% increase. But although the absolute number of Indian elders is growing rapidly, the younger Indian population is increasing even faster. Therefore, in contrast to the trend in the general U.S. population, the median age of the Indian population is decreasing rather than rising.

The United States has assisted Indian tribes in building an Indian network of aging services capable of assisting the growing number of Indian elderly in meeting their daily needs of food, clothing, shelter, and physical, social, and spiritual well-being.

Current federal actions threaten recently achieved gains in the health status and well-being of Indian people, particularly those most vulnerable. The progress made by tribal governments to be economically self-sufficient is jeopardized by unplanned budget slashing. This is threatening the long term development of healthy and economically strong Indian societies.

Federal programs that continue to NOT BE direct-funded to tribes and that are not coordinated with Indian aging programs are wasteful and inefficient.

RECOMMENDATIONS

1. Programs which support the vulnerable members of our society must be fully funded to insure that we are not jeopardizing their lives and well-being.
2. Federal Indian programs must be re-designed in scope and policy to meet the needs of the growing Indian elderly population.
3. **The Indian aging network must be strengthened** and utilized by federal agencies to aid the increased numbers of elderly. All entitlement programs should be directly funded to tribal governments.
4. A national review of tribal retirement plans should be initiated for the purpose of helping each tribal government to establish a quality retirement program.
5. Federal laws, program regulations, and employment practices should be changed to **foster employment opportunities for Indian elderly.** This will enable the elderly to contribute to the national economic recovery and their tribe's self-sufficiency.
6. Study should be given to the implications of the fact that the median age of minority populations is decreasing while the median age of the U.S. population as a whole is steadily increasing.

EDUCATIONAL AND TRAINING OPPORTUNITIES

POSITION. The National Indian Council on Aging supports expansion of educational and training opportunities designed to enhance the lives of Indian elders. NICOA is also in favor of involving Indian elders in the education of Indian youth.

BACKGROUND. There is a high level of interest in educational and training opportunities for Indian elders, as reflected both in national conferences and a national research study conducted by NICOA. However, opportunities to satisfy this interest are few, especially in rural and reservation areas.

More than a quarter of the Indian population over age 60 has less than a fifth grade education; 63% never attended high school, and only 18% are high school graduates. Job skills are also relatively low, as approximately 65% of Indians over 60 describe their life's occupation as semi-skilled or unskilled worker, or farm laborer. These circumstances, combined with the fact that over 50% of the Indian elderly live below the poverty level, lead to a high degree of interest among Indian elders in job training. More than 10% of Indian elders in a recent national survey said they felt they currently need job training.

The lack of financial and legal skills implied by their educational and occupational levels also results in strong interest in training to handle personal legal and business matters. More than 20% of Indian elders in NICOA's national survey said they felt they needed help handling such matters. There is also a need for training in a wide range of other topics.

Also of vital concern is the potential contribution of Indian elders to the education of Indian youth. The traditional role of the Indian elders was that of teacher, a role that is even more critical today to ensure that the traditions and culture known by today's elderly is not forever lost. Current federal policy and regulations, however, make it difficult to employ Indian elders as bilingual-bicultural resource persons within the school system.

RECOMMENDATIONS

1. Federal policies, regulations, and hiring practices regarding elementary and secondary education (including the Johnson-O'Malley program and Title IV-A of the Indian Education Act) should be revised to encourage use of Indian elders as bilingual-bicultural resource persons in the schools. The Department of Education and the Bureau of Indian Affairs should make funds available to train and employ elderly as resource persons for elementary and secondary students.
2. The Foster Grandparent Program should receive increased funding and should be expanded to serve youth through high school age.
3. Job training and counseling should be made available to elderly. Such training should be geared to the educational and occupational level and job opportunities of the local area.
4. Funding for Title V of the Older Americans Act should be increased, and Indian tribes should be eligible for direct-funded Title V programs.
5. Training in areas such as personal legal and business affairs (e.g. wills, taxes, loans, mortgages, banking practices, consumer rights), as well as nutrition, advocacy, coping with the stresses of aging and widowhood, and other topics of interest to local elders, should be made available at elderly meal sites and senior centers. Funds should be specified for this purpose.
6. Education, training, and enrichment programs should be offered for older adults through colleges and universities. They should be adequately advertised to notify Indian elders of such opportunities. Tuition for elderly should be reduced or waived for such programs, or federal funds should be used to subsidize the actual costs of such programs. Transportation services should be made available for elders who would like to participate in such programs.
7. Pre-retirement planning and counseling should be offered by employers well in advance of employees' retirement. The Bureau of Indian Affairs and the Indian Health Service, in cooperation with the National Indian Council on Aging, should develop and implement a pre-retirement planning and counseling program.

PUBLIC SECTOR ROLES AND STRUCTURES

POSITION. It is the position of the National Indian Council on Aging that Indian elderly, regardless of the legal status of their tribes, be provided necessary services by the Public Sector.

BACKGROUND. Although Indian elderly have been and are presently entitled to various services their level of participation has been very low. As wards of the federal government, Indian elderly are eligible to participate in entitlement services the same as the non-Indian population. According to the 1980 census the Indian and Alaskan Native population is approximately 1.5 million with approximately 109,000 individuals being 60 years and older. About 400 different tribes exist in the U.S. today, speaking over 250 distinct languages. At present there are eight Indian Area Agencies on Aging administering Older Americans Act Title III programs. In addition there are 85 Title VI grantees with an average grant of $65,000 providing services for Indian elderly.

RECOMMENDATIONS

1. Federal, state, and local laws which pertain to elderly rights should be vigorously enforced to ensure that unjust actions such as discrimination are non-existent.
2. State and local governments should ensure that those Indians under their jurisdiction receive an adequate level of services to meet their needs.
3. The federal government should provide an adequately staffed Indian aging desk in each department that provides services to Indian elderly.
4. The U.S. government should adopt a national policy to provide direct funding for social services to Indian tribes.
5. The U.S. government should strengthen its commitment to Indian people by fully implementing the Indian Self-Determination Act (P.L. 93-638) by providing tribes with adequate funds to successfully administer their own programs.

PRIVATE SECTOR ROLES, STRUCTURES AND OPPORTUNITIES

POSITION. It is the position of the National Indian Council on Aging that the private sector, which historically has benefitted from the resources of the Indian community, invest in the human resources of that community, with special emphasis on the elderly, in a manner advantageous to both.

BACKGROUND. For the over-60 population, more Indians (17.2%) are working or seeking work than are non-Indians (11.6%). Many elderly Indians find themselves entering the job market for the first time. They are less skilled than the population as a whole, with more than a fourth having less than five years of education. Nearly five times as many Indian elderly feel the need for education or on-the-job training to prepare for employment than do their non-Indian counterparts.

While tribal sovereignty under U.S. law gives tribes the right to tax business activity on the reservation, the exercise of that right may effectively discourage private investment on the reservation since non-Indian businesses are also subject to state taxation.

RECOMMENDATIONS

1. Employers in areas of Indian population should be encouraged to establish training programs which target the Indian elderly as prime beneficiaries. This could be done in conjunction with the various federal departments responsible for meeting the needs of the elderly.
2. Employers should be encouraged to develop flexible work arrangements such as part-time, flexitime and shared jobs for the Indian elderly. In addition, services which are especially needed by the less educated Indian elderly should be provided such as tax, legal and financial counseling, pre-retirement planning, and post-retirement counseling.
3. Pension programs should be established which do not eliminate the newly hired older worker from participation. If necessary, ERISA requirements should be changed to accomplish this.
4. Both public and private donations should support the organization of community based temporary employment placement centers for the older worker.
5. Federal law should provide that when a tribe exercises its right to tax business activities, the states' rights to tax those same activities are reduced proportionally. This will eliminate the spectre of double taxation and remove what may become a major disincentive to private investment on Indian reservations.

OLDER WOMEN CONCERNS: GROWING NUMBERS, SPECIAL NEEDS

POSITION. It is the position of the National Indian Council on Aging that the needs of older Indian women be addressed through a coordinated system of services that assist them to live with a maximum level of independence, well-being, and dignity, in harmony with their community and culture.

BACKGROUND. The rising proportion of women who are age 65 and over has called attention to their particular attributes and special needs.

Elderly Indian women, especially those in a rural setting, tend to live in an extended family. Household size approaches three persons. Approximately half of all households consist of married couples and others such as their children, grandchildren, or foster children. The financial management burden generally falls on the woman. Statistics show that 58% can barely meet monthly expenses and 65% feel they do not have enough resources to meet future needs.

Over 55% of Indian women age 60+ are widowed. Those who live alone face special problems of loneliness, lack of adequate transportation, lack of resources for home repairs, lack of family support systems, and limited opportunity for self-improvement.

RECOMMENDATIONS

1. Federal, state, and tribal governments should jointly promote removal of bureaucratic barriers for positive coordination of all resources for social service programs affecting the elderly at the community level, making a case management approach possible in reality as well as theory.
2. The federal government should review and revise its national housing policy to target resources to meet the housing needs of the elderly Indian woman, including repair, renovation, and weatherization.
3. Model Indian adult education programs should be developed by the Bureau of Indian Affairs and the Department of Education, with the assistance of the National Indian Council on Aging, to bring the widowed woman back into a meaningful role within the community.
4. Alternate support services, including surrogate family systems, should be developed for the single older woman.
5. Education and mental health resources should be coordinated to aid women in managing the stresses of age such as widowhood, effects of aging, illness, and loneliness, and to sensitize service providers to the special needs of older women.

[Attachments mentioned herein are retained in Committee files.]

Senator DECONCINI. The hearing is adjourned.

[Whereupon, at 12:20 p.m., the hearing was adjourned.]

APPENDIX

CORRESPONDENCE RECEIVED FOR THE RECORD

Quinault Indian Nation
POST OFFICE BOX 189 ☐ TAHOLAH, WASHINGTON 98587 ☐ TELEPHONE (206) 276-8211

January 4, 1982

Honorable William S. Cohen
Chairman
Senate Select Committee on Indian Affairs
1251 Dirksen Senate Office Building
Washington, D.C. 20510

Dear Senator Cohen:

I submit this letter as testimony to the oversight hearing the Senate Select Committee on Indian Affairs held on December 9, 1981 regarding Federal aging programs for the American Indian elderly.

With improved health services over the last several decades, the life expectancy of the American Indian elders has increased proportionately. Although life expectancy does not compare statistically with the majority of Americans, the increasing number of elderly places heavier burdens on the limited social service delivery systems on reservations. Reduced Federal commitments, of course, further exacerbate service delivery limitations for this fragile and vulnerable age group.

Traditional family support for the elderly continues to be a primary source of care. Increased living expenses, modern occupational commitments, and improved life expectancy all lead towards expectations of Tribal support elements for the elderly. In particular, the elderly living in isolated rural areas bear a disproportionate burden of reduced services in comparison to need.

The current Commissioner for the Administration on Aging testified before your committee that the needs of American Indian elderly were being assessed from recommendations made at the recent White House Conference on Aging. The National Indian Council on Aging has held three national conferences on aging in recent years. The conference proceedings offer very specific recommendations regarding the needs of older American Indians. As the conference attendees were either Indian elderly or those providing services to this age group, I refer these recommendations for your committee consideration as legitimate expressions of need.

Although the coordination of services for Indian elderly in the Department of Health and Human Services is commendable, this initiative was implemented only in the last two years. The fact that the BIA Social Services Division has not coordinated with the DHHS and the Administration on Aging is an inexcusable oversight. The layers of bureaucracy, duplication of service roles and responsibilities continue to usurp the valuable resources at the local program level.

Tribal governments, of course, have a unique Treaty relationship with the Federal government. The current Administration on Aging State and Areas Agencies on Aging perpetuate overlapping bureaucratic responsibilities at the expense of direct service delivery. Direct Tribal control of priorities and programs for their elderly with their unique cultural and demographic characteristics is an absolute necessity to insure that the American Indian elderly needs are met expediently and appropriately.

Sincerely,
Joseph B. DeLa Cruz
Joseph B. DeLa Cruz
Chairman

Claude A. Cox
Principal Chief

George Miller
Second Chief

Muscogee (Creek) Nation
Office of the Principal Chief

February 9, 1982

The Honorable William S. Cohen
Chairman, Select Committee on Indian Affairs
United States Senate
Washington, D. C. 20510

Dear Senator Cohen:

Thank you for your letter of February 4, 1982, requesting tribal comment on Indian Aging Programs. The Muscogee (Creek) Nation of Indians in Oklahoma, the country's third largest federally recognized Indian tribe, is proud to offer this letter in response.

INCREASED FUNDING NECESSARY

While it is not popular in this time to talk of increasing expenditures of federal funds, it is still necessary to discuss adequate delivery of services to individuals needing assistance from the federal "safety net".

The tribal delivery of services to Indians is not at question here, yet it is still necessary to point out that the only efficient method of delivering federal services to Indian people is through tribal governments.

The Muscogee Nation has one operating senior citizen nutrition center in Okmulgee. It is our belief that, given adequate funding, no fewer than eight (8) such senior citizen nutrition centers could be operated efficiently and productively within the Muscogee Nation by the tribal government.

Currently, funding limits have restricted the operation of our tribal program to those persons who can visit the nutrition site, or who live within a small radius within which the tribe delivers meals to shut-ins.

The Muscogee Nation has had no serious problems in the administration of this program with the exception of occasional misinformation from the U. S. Food and Nutrition Service regarding reports due for its donations of commodities or cash-in-lieu-of-commodities.

The Administration on Aging funds are one of the most valuable programs which the Muscogee Nation administers. Despite limitations of funds, the program is beneficial and productive. Increased funding would be used to open new centers and expand services to Indian residents of the Muscogee Nation.

Creek Nati Tribal Capitol Complex-Hiway 75 at Loop 56 · P.O. Box 580 · Okmulgee, Oklahoma 74447 · 918-756-8700

The Muscogee Nation recommends that the Committee study the funding formula which determines allocations. Perhaps the funding for Title VI Indian programs should be increased, as American Indians have a lesser economic base from which to survive aging problems than do other elements of the population.

CONSOLIDATION OF FEDERAL INDIAN SERVICES

While it is not a direct issue in this matter, the Muscogee Nation recommends that the Committee continue to study the consolidation of all federal Indian services in a single independent agency. This recommendation first made by the American Indian Policy Review Commission, has now been supported by the General Accounting Office.

Sincerely,

Claude A. Cox

Claude A. Cox
Principal Chief

COUSHATTA TRIBE OF LOUISIANA

DEPARTMENT OF HEALTH
P. O. BOX 100
ELTON, LOUISIANA 70532
(318) 584-2242

ERNEST SICKEY
Chairman

February 10, 1982

The Honorable William S. Cohen
Chairman
Select Committee on Indian Affairs
United States Senate
Washington, D. C. 20510

Dear Honorable Cohen:

Please refer to your letter dated February 4, 1982, concerning which federal agencies have responsibility for funding aging projects for Indians as well as to focus on any problems tribes have encountered under the Older Americans Act.

We are in need of the services for the elderly that are provided by the Older Americans Act, but we are not in agreement with the population requirements. Our Tribe is so small that we do not have the required seventy-five (75) people aged sixty or older that we must have in order to be eligible to apply for a Title VI grant.

We feel that some changes need to be made to enable the smaller tribes to be eligible to apply for these services for their elderly tribal members also.

Sincerely,

Ernest Sickey
Tribal Chairman

ES:pm

"JOURNEY OF PROGRESS"

DNA-PEOPLE'S LEGAL SERVICES, INC.
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PAUL E. FRYE
BOB ERICSON
JAMES RICHMOND
ERIC BIGGS

12 February 1982
RECEIVED FEB 16 1982

Honorable Dennis DeConcini
Select Committee on Indian Affairs
United States Senate
Room 6313, Dirksen Senate Office Building
Washington, D.C. 20510

Re: Senate Select Committee on Indian Affairs
Oversight Hearing on Indian Aging Programs

Dear Senator DeConcini:

Mr. Jack DeGroat of the Navajo Aging Services Department has asked me to supplement the transcript of the oversight hearing referred to above. This letter and attachment are submitted for the record in the belief that they may be of interest and use to the Committee.

Mr. Howard McKinley, one of the hearing witnesses, is a long-time client. I was one of the lawyers who represented the Navajo Nation Council on Aging and individual elderly Navajos in a recent federal class action against the Bureau concerning administrative obstacles to the support of the Navajo aging program. The course of events during the fifteen-month history of this dispute graphically illustrated the types of problems with agency uncooperativeness which the oversight hearing witnesses so well described. Parallel work on the federal case and an administrative appeal pursued by tribal lawyers showed a particularly fruitful collaboration between this federally funded legal services agency and the Navajo Tribe itself, on behalf of and in order to serve the interests of the Navajo elderly population. Although the problems discussed at the oversight hearing were by no means resolved in the Navajo experience, it did seem to many that progress was made in establishing the needs of elderly Indian individuals as an appropriate area of Bureau concern, despite the persistance of bureaucratic inertia in implementing a coordinated policy to meet that concern.

The Commissioner of Indian Affairs issued a memorandum on January 17, 1980, basically directing the Navajo Area Director not to recontract with the Tribe for Navajo aging services, stating that "this Bureau does not have any appropriated funds for the requested program." Compare hearing transcript, pp. 44-51 (remarks of Mssrs. Krenzke & Butler). The January 17th memorandum also stated that the "proper Federal agency from which the tribe should seek funding for the program in question is the Administration on Aging," referring to the Older Americans Act. However, the Navajo Tribe had already received as much money as the Administration on Aging (AoA) was able to give, and this amount was clearly inadequate to run the Navajo programs. Where state or local governments might be expected to take up the slack in non-Indian areas, the Tribe had been forced to look to the Bureau for assistance.

In the summer of 1980, Navajo elderly individuals sued the Bureau in federal district court in Phoenix. Later, after a delay of several months at the Area Director's office, the Tribe appealed a final administrative decision to the Commissioner. The Native American Rights Fund also participated in the administrative process on behalf of DNA's individual clients.

In the course of several telephone conversations with the U.S. Attorney's office in Phoenix, I became aware of the Justice Department's serious concern with an apparent disagreement between two federal agencies, the Bureau and AoA, over the nation-wide scope of responsibility for Indian aging services programs. As pointed out at the oversight hearing, AoA did not feel that Title VI of the Older Americans Act had relieved the Bureau or any other federal agency from responsibility for Indian aging programs.

On March 26, 1981, about one week before the preliminary hearing in the class action, the Acting Deputy Commissioner of Indian Affairs issued a memorandum decision in the tribal aging services appeal. A copy of this memorandum is attached and submitted for the record. The decision was presented to the District Court at the hearing in support of the government's contention that the Bureau was not actually discriminating against the elderly. The court dismissed the case.

The attached memorandum states that both "grant assistance" and "social services administration" funds are available for certain authorized types of aging services and program development. While adhering to the same regulations, this essentially reversed the grounds upon which the Bureau had refused to contract for aging services. The Navajo Area Director was advised to "begin ... negotiations" with the Tribe for "an aging services contract proposal" within the framework set out by the March 26th memorandum.

The Tribe was willing to proceed on this basis, but still no contract with the Bureau was forthcoming. Recently, however, the Tribe took over administration of the Bureau's Navajo Area social services program, through an Indian Self-Determination Act contract. On the basis of the March 26th memorandum, Navajo Aging Services Department is now operating under an inter-tribal memorandum of understanding, with Bureau funds, and services to the elderly are proceeding.

Problems still remain, especially the interpretation of applicable Bureau regulations and the effects of federal budgetary cutbacks. On the other hand, federal agency coordination and the development of a systematic policy for the provision of services to elderly Indians appear to be two potentially valuable steps toward solving the twin evils of regulatory excess and funding shortfall.

Respectfully,

Eric R. Biggs
Attorney-at-Law

Attachment

ERB/rlc

UNITED STATES GOVERNMENT
# memorandum

COMMUNITY SERVICES

DATE: MAR 26 1981

REPLY TO ATTN OF: Acting Deputy Commissioner of Indian Affairs

SUBJECT: Informal Conference - Navajo Aging Services Appeal

TO: Navajo Area Director

On February 25, 1981 an informal conference, subject above, was held at Fort Defiance, Arizona. This conference was requested on November 12, 1980 by the Navajo Tribe in accordance with the provisions of 25 CFR 271.81. The purpose of the informal conference was to attempt to informally resolve the Navajo Aging Services issue without a formal hearing. Representatives from this office, Central Office Social Services, Self-Determination Services, met with staff from your office and tribal representatives in an effort to resolve those issues involved.

Basic issues discussed were: 1) the tribe's position that it is legally entitled to a P.L. 93-638 contract with the Bureau for all components, including "food and nutrition" components of the proposed aging services contract; 2) the Bureau's previous administrative decision that "food and nutrition" components were not within the Bureau's authority to contract; 3) the Navajo Area Director's subsequent proposal to decline to contract for an Aging Services program which included "food and nutrition" components; and 4) the tribe's contention that due process under P.L. 93-638 was denied them by the Bureau's failure to act in a timely and correct manner with regard to this overall issue.

Tribal representatives are especially concerned about the unmet social welfare needs of the Navajo aging services clientele and expressed their view as to what they believed was being denied by the Bureau in this overall matter.

As a result of numerous Central Office policy meetings covering this issue, and in consideration of the informal conference discussions, the Bureau's position in this matter is:

> 1) The Bureau's social services grant assistance funds (funds appropriated for general assistance, child welfare assistance, and miscellaneous assistance) shall not be available to the tribe for the "food and nutrition" components of an aging services program. These funds were not requested, justified or appropriated for this purpose; they were provided by the Congress to meet the individual grant assistance needs of Indian clients meeting eligibility criteria for services and assistance as provided in 25 CFR 20. This position does not preclude use of these grant assistance funds for those components in an aging services contract which provide the kinds of assistance for eligible clientele normally funded by grant assistance monies, e.g., custodial care for adults as defined in 66 BIAM 5.10.

> 2) In addition to requesting an annual appropriation for grant assistance, the Bureau also requests an annual appropriation of funds for social services administration, i.e., "all other social services." These particular funds are utilized to a) administer the grant assistance program, b) to provide counselling services to social services clientele and c) to assist tribes in development of social services programs. It is the Bureau's position that this appropriation for social services administration, i.e., "all other social services," provides budgetary authority to assist the tribe to develop its aging services program, including the desired "food and nutrition" components.

In accordance with the provisions of 1) and 2) above you are advised that a) the tribal aging services program with its "food and nutrition" components is basically contractable under P.L. 93-638 authority; b) such a contract would be subject to availability of funds; c) the Bureau cannot reimburse the tribe for tribal costs incurred in operating an FY 1980 aging services program for which no contract was made; d) there does not appear to be any FY 1981 aging services funds available on a local or Bureau-wide basis to assist the tribe with an FY 1981 aging services program. However, this latter consideration is not a basis for declination, and the Bureau is obliged to follow 25 CFR 271 provisions as pertain to availability/non-availability of funds when presented with an FY 1981 aging services contract proposal by the tribe; e) no social services administration funds have been requested by the Bureau or prioritized by the tribe for an FY 1982 aging services program. The Bureau and tribe will therefore need to follow the 25 CFR 271 provision referred to in d) above with regard to availability/non-availability of funds for an FY 1982 aging services program contract proposal.

With regard to funding for an FY 1983 aging services contract proposal, the tribal representatives are advised that two funding options are available to them: 1) they may "band" and prioritize available FY 1983 Navajo Area Social Services administration funds so that funds will be available for aging services, or 2) they may ask the Bureau to request a specific amount of FY 1983 Navajo social services administration. this additional funding would be specifically requested for Navajo aging services.

As Central Office representatives specifically indicated to the tribal representative at the informal conference, option 1) above would essentially result in the tribe shifting available funds from a low priority activity to a higher prioritized activity. Option 2) above could possibly result in the requested additional funds being deleted from the FY 1983 Bureau budget request at any level during the FY 1983 budget preparation and review cycle. This deletion could be made at the Bureau, Departmental, Executive or Congressional level, as FY 1983 funding priorities are weighed on a national level.

In accordance with the above, you are advised to take the following action:

1) Ascertain whether the Navajo Tribe wishes to proceed with an aging services contract proposal within the framework and understanding provided above.

2) If the tribe does wish to proceed as indicated in 1) above, you are advised to begin subsequent negotiations with them as soon as possible. In this regard please note that lack of available funds is not a basis for declination. You are required to follow appropriate 25 CFR 271 procedures pertaining to availability/non-availability of funds in such an instance.

3) Take immediate action to explore with the tribe their wishes concerning options 1 and 2 for FY 1983 funds as summarized above. Also take immediate action to assist the tribe in implementing their decision in this particular regard.

4) If the tribe elects not to proceed with an aging services contract proposal within the framework and understanding provided above please advise us immediately.

Sponsored by the Confederated Salish & Kootenai Tribes

Administration Office
of
Native American Programs
Box 98
Pablo, Montana 59855

February 15, 1982

The Honorable William S. Cohen
Chairman
Select Committee on Indian Affairs
United States Senate
Washington, D.C. 20510

Dear Sir,

The Elderly Indian Program of the Confederated Salish & Kootenai Tribes of the Flathead Reservation would like to be included in the printed record of December 9, 1981 hearing for additional testimony. I am very greatful to you for giving me the opportunity to respond to your letter.

The Confederated Salish & Kootenai Tribes is an unique reservation. It is the only Tribe that is referred to as an "open" reservation, Therefore, our problems consist of many and are in dire need of subsidy.

Previous to October 1981, the Confederated Salish & Kootenai Tribes had no program in reference to In-Home Service Care. We do have nursing homes but the elders refused this assistance, as they could not practice their Indian culture or enjoy their native foods. This presented frightful experiences.

Realistically, both segments of society hesitate on going into nursing homes. Therefore, Montana Senior Citizens grouped together and worked very hard to have House Bill #217 pass favorably by the Montana State Legislature. These monies that were allocated for in-home service care reached our office January 1982. A total sum of $6,013.00 was allocated for the Confederated Salish & Kootenai Tribes. These dollars are limited and absolutely will not service the entire reservation, however, we are thankful and it is a beginning of a dire needed program. I plea with your committee that the elders and elderly disabled on the Flathead Reservation should have the comforts they deserve in their declining years. It is a proven fact that it is cost effective to have the elders and elderly disabled to remain in their homes.

I also would like to suggest that the Administration on Aging consider that the nutrition grant (Titles III B and C) be a direct grant either from Washington, D.C. or approoriate dollars to the State ear marked for the Tribes and be issued directly from the State. This would eliminate the Tribes paying the administration fee to the area agency and thusly providing more services to the elders.

Sincerely,

Velia P. McLure,
Elderly Indian Program Coordinator

Copy: Thomas E. Pablo,
Tribal Chairman

VPM/llc

United Tribes of Kansas & Southeast Nebraska, Inc.

SAC & FOX • IOWA

Box 29 HORTON, KANSAS 66439

Howard Simmonds
Chairman

913-486-2802

Curtis Gilfillan
Secretary-Treasurer

February 17, 1982

The Honorable William S. Cohen
Chairman
Select Committee on Indian Affairs
United States Senate
Washington, D.C. 20510

Dear Senator Cohen;

We have received copy of your letter under date of February 4, 1982. We are a Kansas non-profit corporation. We are managed and incorporated to serve the Sac and Fox and Iowa federally recognized Indian Tribes in Northeast Kansas and Southeast Nebraska.

We operate a Title VI Indian Aging program funded by Health and Human Services. It would be our recommendation for improvements in programs to assist the Indian elderly that all programs come under the umbrella of the Department of Health & Human Services. Our program is carefully monitored and assisted by HHS and particularly by our program officer Ms. Joyce Hubbard. Other departments do not have the sensitivity and social concern to manage aging programs. We strongly recommend Health & Human Services take over all Indian aging programs.

Sincerely;

Howard Simmonds

Howard Simmonds
Chairman

bb/sc

Phone (206) 466-3163

Swinomish Tribal Community
A Federally Recognized Indian Tribe Chartered Under The Act of June 18, 1934
P.O. Box 817 • 950 Moorage Way
LaConner, Washington 98257

February 24, 1982

The Honorable William S. Cohen - Chairman
Select Committee on Indian Affairs
Room 6313 - Dirksen Building
United States Senate
Washington, D.C. 20510

Dear Sir,

The Swinomish Indian Tribal Community would like to give written testimony re the Older Americans Act and the social services coordination by the BIA.

Title VI has proven to be an effective mode for provision of direct social services at the Tribal level. In the past this tribe has subsidized this program with funds from CSA - Community Food and Nutrition Program. The BIA provision of Social Services has been minimal, with regard to direct services, except for "trust responsibilities". Without CSA funding in FY 83, our program will need to be seriously cut-back. We lose our cook as well as the funding for 2 of the 4 meals per week we presently provide.

It is our feeling that more of the money should flow down directly to the local level, particularly through the Bureau. The ultimate reality for Indian elderly is how much help they actually receive from Title VI. And as it now stands, October 1 and beyond looks unfortunately grim.

Less money should be skimmed both for administration of Title VI, and for the provision of training and technical assistance to grantees. The money would be much better spent at the local level for the provision of direct social services. It is also our opinion that BIA social service money be diverted to the Title VI program for comprehensive, one-stop provision of social services to the Indian elderly. It doesn't seem that enough of that BIA money makes it to the Tribal level for Tribal members. They now expect it to come from the Title VI program, as it is the most visible, most effective and most responsive program for our elders.

Robert Joe Sr
Mr. Robert Joe, Sr
Tribal Chairman

John Stephens
John Stephens
Director of Social Services

cc: Senator Henry Jackson
Senator Slade Gorton

the
Chickasaw
Nation HEADQUARTERS
Arlington at Mississippi / Box 1548 / Ada, Okla. 74820 / (405) 436-2603

Overton James
Governor

Bill Anoatubby
Lieutenant
Governor

RECEIVED MAR 0 3 1982

February 26, 1982

The Honorable William S. Cohen
Chairman
Select Committee on Indian Affairs
United States Senate
Washington, D.C. 20510

Dear Mr. Chairman:

In response to your letter dated February 4, 1982 concerning written testimony to be included into the oversight hearing on Indian Aging programs, I offer the following information:

As Indian tribes and Indian people, we are deeply concerned with the projected budget reduction and in some instances, the complete elimination of services to Indian people. While the federal government is re-examining its level of involvement in the provision of social services, the unmet needs of the Indian still exist and will continue to exist until something is done.

ISSUE I

Title VI of the Older American Act "Grants to Indian Tribes" has assisted tribes in providing nutritional needs, social and legal services, and information and referral to older Indians. In 1980, sixteen tribes in Oklahoma administered Title VI to their older Indians and, nationwide, 80 grantees provided services to Indian people. The Chickasaw Nation at present has over 100 elderly Indians enrolled in its Title VI program. It has proven to be a successful and popular program for Indian elders.

RECOMMENDATIONS

Continue funding for Title VI to the Older Americans Act. We cannot implement such a desperately needed program on our own. To discontinue it after two successful years of operation would tell the Indian elders that their needs are low-priority and that we cannot meet such needs anymore.

It is inconceivable that a nation which professes concern for the inhumanity of foreign governments toward their constituencies should continue to raise false hopes among its most destitute and vulnerable older citizens. Unless the Congress, in establishing appropriations for the Comprehensive Older Americans Act Amendments of 1978, amends the administration's recommendation and appropriates adequate money needed to effectively continue Title VI, the nation's Indian elders will once again be relegated to the ranks of the forgotten Americans. In the name of our elderly people, we ask for your support.

ISSUE II

It is clear that comprehensive approach to aging services needs to be developed and implemented in Indian programs. A national Indian aging policy is a must, and should not be considered an exclusive responsibility of the Administration on Aging, but rather a responsibility that all federal departments must share, particularly those agencies with primary responsibility for services to Indian people.

RECOMMENDATIONS

The establishment of an Indian focal point within the Administration on Aging, the Bureau of Indian Affairs, and the Indian Health Service is a necessary first step toward the development of this policy.

ISSUE III

The Block Grant Program has not been implemented for Indian tribes. Indian tribes are opposed to the "Block Grant" concept because it does not support the concept of trust responsibility. States do not have this trust responsibility, nor can they be expected to provide for Indian tribes that which congress has repeatedly recognized as a federal responsibility.

RECOMMENDATIONS

Recognition of tribal governments as the decision-making units for the utilization of funds.

Indian people are comfortable applying for such assistance at a location like their tribal headquarters. But few of them would even apply should they be required to apply at an HHS office where so many non-Indians are employed. Many "reasons" have been quoted as to why the Indian people would not participate, including: transportation, barriers (both mental and physical for the Indians). The states' Indian citizenry look upon their tribal governments as the basic providers of needed social services. Indian people are reluctant to apply for assistance through state-sponsored programs.

Therefore, should these funds become administered only by the state HHS office, the service would become of little benefit to the low-income Indian in Oklahoma.

It is incumbent upon all agencies of state government to recognize the governmental capacity and responsibility of the respective tribal governments in providing basic services to their tribal members. Existing tribal programs have a network of outreach workers in the Indian community that have made the Energy Crisis Assistance Program and Low Income Energy Assistance Programs very successful.

The Chickasaw Nation urges your careful consideration of this matter. It affects so many Indian people. We urge you to support set aside money for Indian tribes and tribal organizations to continue to adminster social services programs as we have done in the past years.

If social programs are to be reduced, we feel the Indian programs can be reduced also, and we are willing to take our fair share of the president's budget reduction; however, to completely eliminate social programs to Indians is unfair and, if passed by Congress, will have devastating effect on the Indian people of Oklahoma.

We, as Indian leaders, and as Indian people of Oklahoma, urgently request your consideration and support for the recommendations presented to you today in this letter.

I greatly appreciate this opportunity to submit this written testimony.

Sincerely,

Overton James

Overton James, Governor
Chickasaw Nation

CONFEDERATED
TRIBES OF
SILETZ INDIANS
OF OREGON

P.O. BOX 549
SILETZ, ORE. 97380
101 E. BUFORD ST.
PHONE (503) 444-2532

March 10, 1982

Senator William S. Cohen
Chairman, Select Committee on Indian Affiars
U.S. Senate
Washington, D.C. 20510

Dear Senator,

We have been advised that you are inviting comments in advance of formulating a national policy concerning Indian elderly. We understand that you are particularly interested in knowing of problems related to the Older Americans Act, and the delivery of federal programs to our elders.

By way of background, the Confederated Tribes of Siletz were restored to federal recognition by Congress in 1977 (P.L. 95-195 and P.L. 96-300). Since that time we have organized our Tribal government and administrative operations, and developed coordinative procedures to deal with various federal agencies. Our primary contacts are with the Bureau of Indian Affairs, Indian Health Service, Department of Labor, Department of Health and Human Services, Department of Agriculture, and Administration for Native Americans. Most of our social and community service programs are contracted with the Bureau of Indian Affairs, and we are currently discussing the possibility of contracting health care with the Indian Health Service.

Congressional restoration of the Siletz Tribe has had extremely beneficial results. Federal services not heretofore available to our people are now being provided through coordinative processes with the federal agencies indicated previously. It is unfortunate that the budgetary cut backs by the federal government are coming at a time when our Tribe is just developing adequate systems for service delivery, only to see now that funding shortages will cause further hardships to our people, most especially our elders.

Most pronounced among the problems of our elderly is health care. Elders of our Tribe cannot afford medical care, dental work, and major health coverage such as hospitalization. Over twenty-five percent of our tribal members are living on incomes below the national poverty level, and the financial means for proper health care does not exist. As your Select Committee may already be aware, the Indian Health Service has greatly limited health care to cases they consider to be urgent or emergent in nature. This vital care service is only given to Indians in need if the I.H.S. clinic determines the person could lose their life, limb or organ within a period of 30 days without immediate attention. In short, this is perhaps our area of most concern--ie. that the federal government establish a policy and funding package to meet the health needs of Indian elderly, and other age groups as well. At present, I.H.S. does not seem to have adequate financing for seniors requiring preventative care, eye care, hearing care, dental work, and medical attention demands for various problems.

Another situation we hope you will be able to deal with in your policy is related to Medicare insurance for senior citizens. Indian Health Service no longer assists us by picking-up the Medicare deductible. This is placing a serious extra burden on our elders, who are already strapped in making ends meet for everyday expenses. In addition, we have experienced tremendous delays in the processing time for medical vendor payments. We can produce evidence that these payments have taken the government over six months in many cases to process, and in a number of incidents over one year. Some medical clinics have even refused to process claims with I.H.S.; thus placing immediate payment responsibility on our older people who do not have the financial ability to cover the costs. What is happening among the Siletz is that our medical admissions rate is lowered because our elders cannot afford treatment and postpone medical care until their health problem is acute. Once in treatment, the severity of their problem often requires extensive care, and accounts for our longer than average length of stay in hospitalization.

With regard to the Older Americans Act, we feel it was unfortunate that Congress was pursuaded to amend the Bill by fixing the age requirement at 60 and above. You will recall the original legislation allowed flexibility in this matter at the local level. This is a serious problem with the Siletz Indians due to the statistical fact that our death rate is more than double the death rate of Indians from the general population. Few of our prople will reach the age of 60 and beyond, and thus become eligible for the benefits of the Older American programs. We hope you will give this further consideration during the process of developing a final policy. May we suggest that the age of 50 be substituted, or that the original option be restored.

Finally, we would urge your Select Committee to involve the Indian community in America in reviewing aging policy drafts. It is important that the Tribes of federal recognition and other Indian groups and organizations be called upon to voice their interests in this matter of extensive concern and interest.

If the Siletz Tribe can be of additional assistance to your work, please feel welcome to call us for information and/or testimonial comment. We are pleased you are looking into the Indian aging programs, and feel confident that you and other members of the Committee have the basic interests of the Indian elderly population at a level of high priority.

Very Truly Yours,

Arthur S. Bensell

Arthur S. Bensell
Tribal Chairman

cc: Senator Hatfield
Congressman AuCoin

GILA RIVER INDIAN COMMUNITY
SACATON, AZ. 85247

ADMINISTRATIVE OFFICES
P.O. Box 97—(602) 562-3311

March 11, 1982

Honorable William S. Cohen, Chairman
Senate Select Committee on Indian Affairs
6313 Dirksen Senate Office Building
Washington, D.C. 20510

Dear Senator Cohen:

Thank you for extending the deadline for tribes to present testimony on Indian aging problems.

Unfortunately, we were in the transition period between administrations in December and were unable to present testimony at the Oversight Hearings on Indian Aging Programs.

We sincerely hope the enclosed documents will be made a part of the official record and that the concerns we have called attention to will be carefully considered.

Respectfully,

Dana R. Norris, Sr.
Governor
Enclosure
cc: Arizona Congressional Delegation
Representative Claude Pepper
Senator John Heinz
Richard S. Schweiker, HHS Secretary
National Indian Council on Aging
Arizona Indian Council on Aging
Inter-Tribal Council of Arizona
The Navajo Nation
Arizona Governor's Advisory Council on Aging

GILA RIVER INDIAN COMMUNITY
RESOLUTION GR-27-82

WHEREAS, the Gila River Indian Community Tribal Council did adopt Resolution G.R. 83-78 on July 5, 1978, (see attached); and

WHEREAS, The Gila River Indian Community did submit Resolution G.R. 83-78 to the Second National Indian Conference on Aging for it's support on August 15, 1978; and

WHEREAS, the National Indian Conference on Aging did adopt conference Resolution number 78-4 on August 18, 1978, (see attached); and

WHEREAS, since Gila River Indian Community has not received any response to Resolution G.R. 83-78 as indicated;

NOW, THEREFORE, BE IT RESOLVED, that the Gila River Indian Community reiterates the contents of Resolution G.R. 83-78; and requests that a determination be made as to whether Indian Health Services or the Bureau of Indian Affairs shall be the lead agency in respect to services for the Indian elderly;

BE IT FURTHER RESOLVED, that the Gila River Indian Community strongly recommends that a State/Area/National Task Force be established to follow up on all Indian Aging Program's issues recommendations and develop responses to all Tribes which includes recommendations upgrading responsibilities of Indian Health Services or the Bureau of Indian Affairs and prioritize of issues to be addressed for sufficient funding;

BE IT FURTHER RESOLVED, that the Gila River Indian Community Tribal Council approves this resolution and supporting documents; and

BE IT FINALLY RESOLVED, that the Gila River Indian Community Tribal Council authorizes the Governor or his designee to negotiate, execute and sign all documents as it pertains to this resolution.

CERTIFICATION

Pursuant to authority contained in Article XV, Section 1. (a) 9, 12 & Section 4 of the amended Constitution & Bylaws of the Gila River Indian Community ratified by the Tribe, January 22, 1960, and approved by the Secretary of the Interior on March 17, 1960, the foregoing

GILA RIVER INDIAN COMMUNITY
RESOLUTION GR-27-82
Page 2.

resolution was adopted this 3rd. day of March, 1982
at a REGULAR Council meeting held in DISTRICT, Three, Sacaton, Arizona, at which a quorum of 15 members were present by a vote of
15 FOR; 0 OPPOSE: 0 ABSTAIN: 1 ABSENT: 1 VACANCY.

GILA RIVER INDIAN COMMUNITY

Governor

ATTEST:

TRIBAL SECRETARY

GILA RIVER INDIAN COMMUNITY
RESOLUTION GR-83-78

WHEREAS, the financing concern of the Gila River Indian Community is for the care and well being of our people; and

WHEREAS, a segment of our people, the elderly, are being threatened with a lack of care as a result of conflict between Bureau of Indian Affairs and Indian Health Service; and

WHEREAS, this conflict between Bureau of Indian Affairs and Indian Health Service is the result of termination of an agreement provided for extended care of the elderly; and

WHEREAS, the two agencies, Bureau of Indian Affairs and Indian Health Service do not seem to be able to resolve their differences on this issue;

NOW THEREFORE BE IT RESOLVED, that Bureau of Indian Affairs and Indian Health Service issue a joint policy indicating they have resolved all differences in providing for the care of the elderly and make this policy known to the Tribes by September 1, 1978;

BE IT FURTHER RESOLVED, that Gila River Indian Community recommends that sufficient funds be provided to Bureau of Indian Affairs and Indian Health Service for the care of our elderly in extended care facilities.

CERTIFICATION

Pursuant to Authority contained in Article XV, Sec. 1 (a), (9), (12) and Sec. 4 of the Amended Constitution and Bylaws of the Gila River Indian Community ratified by the Tribe, January 22, 1960 and approved by the Secretary of the Interior March 17, 1960, the foregoing resolution was adopted this 5th day of July, 1978 at a REGULAR Council meeting held in DISTRICT THREE, Sacaton, Arizona at which a quorum of 11 members were present by a vote of 11 FOR; 0 AGAINST; 0 ABSTAIN; 6 ABSENT; and 0 VACANCY.

GILA RIVER INDIAN COMMUNITY

Governor

ATTEST:

Tribal Secretary

JUL 1978
RECEIVED
PIMA AGENCY
SACATON, ARIZONA

NATIONAL INDIAN CONFERENCE ON AGING
Sponsored By The
NATIONAL INDIAN COUNCIL ON AGING, INC.
P.O. BOX 2088 • ALBUQUERQUE, NEW MEXICO 87103 • (505) 766-2276

CONFERENCE RESOLUTION NO. 78-4

WHEREAS, the Gila River Indian Community and all other Indian tribes are desirous of of quality care services for their elderly and infirm; and

WHEREAS, the Bureau of Indian Affairs has informed the Indian Health Service that it can no longer assume financial responsibility for intermediate care of indigent elder citizens in nursing homes; and

WHEREAS, such care is critical especially for those unable to care for themselves or those who cannot be privately cared for by relatives; and

WHEREAS, Indian Health Service has informed the tribe (tribes) that it is presently unable to assume its legal responsibility in this area and will not be able to do so in the future unless its request for supplemental funding is approved.

NOW, THEREFORE, BE IT RESOLVED, that the Second National Indian Conference on Aging urgently requests that all our elected officials and all concerned tribes unite in support of Indian Health Service's request for supplementary funding for the care of elderly Native Americans.

BE IT FURTHER RESOLVED, that the elderly organizations, the Council, all other concerned organizations, Bureau of Indian Affairs, and Indian Health Service, aid in this effort to provide services to elderly Native Americans.

Certification

The above Conference Resolution No. 78-4, having been duly introduced at the plenary session of the Second National Indian Conference on Aging, on August 18, 1978, in Billings, Montana, was adopted by unanimous vote, indicating full support of its content.

Walter L Moffett

Walter Moffett
Chairman
Resolutions Committee

LOS ANGELES AMERICAN INDIAN COUNCIL ON AGING

IDSS

AMERICAN INDIAN DIVERSIFIED SERVICE SYSTEMS
351 South Occidental Blvd., Suite 6 • Los Angeles, California 90057 • (213) 380-1587

March 12, 1982

The Honorable William S. Cohen, Chairman
United States Senate
Select Committee On Indian Affairs
Washington, D. C. 20510

Dear Senator Cohen:

Attached is testimony on existing circumstances in the Los Angles Area as it pertains to the Native American Urban Indian Senior Citizens and the difficulties we experience with provisions of the Older Americans Act of 1965, as amended.

There are no programs, services, centers or service providers available under the provisions of this Act, which focus on the Native American Urban Indian Senior Citizens residing in this area.

Since 1974, I have been active in serving on the Mayor's Advisory Council on Aging, as well as advocating some services and programs for us Native American Urban Indian Elderly, but have had nothing but lip-service and negative responses to this date.

I have prepared the attached testimony on behalf of the Los Angeles City and County Native American Indian Commission, of which I have been a member since its establishment in 1977, and presently serve as its Chairman of the Aging Committee. I also serve as Acting Chairman of the Steering Committee which at present time are organizing the Los Angeles American Indian Council on Aging.

I am enrolled member of the Blackfeet Tribe, born and reared on the Blackfeet Indian Reservation which I return to annually, and have been involved in American Indian Affairs, both reservation and urban, for over fifty years of my life.

We appreciate any consideration that your Committee extends to us.

Respectfully,

Lincoln D. Billedeaux

Lincoln D. Billedeaux

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TESTIMONY PREPARED FOR THE
UNITED STATES SENATE
SELECT COMMITTEE ON INDIAN AFFAIRS
MARCH 15, 1982
BY
LOS ANGELES CITY AND COUNTY NATIVE AMERICAN INDIAN COMMISSION
LOS ANGELES AMERICAN INDIAN COUNCIL ON AGING

The Los Angeles City and County have the largest population of Urban American Indians in the United States, according to the preliminary report of the Bureau of Census for 1980.

Since the enactment of the Older Americans Act of 1965, as amended, and implementation of same in this area and to the present date, there are no programs or services, thereof focusing on or for the urban Indian Elderly.

The City and County of Los Angeles, each have been designated as Area Agencies on Aging, (AAA) amd each are designated as Planning Service Areas (PSA). The City of Los Angeles is further divided into six Regional Service Areas within it city limits and with special consideration and funding attention to each of the fifteen (15) Councilmanic Districts.

Every ethnic minority from the Mexican-Americans to the more recently arrivals of the "boat people" of Viet Nam have senior service programs, centers, nutrition sites and providers under the Older Americans Act. None exists for the urban Indian Elderly.

Many administrators and public officials think that Title VI of the Older American Act provides for all Indians, urban Indian Elderly included, which of course it does not. Others still labor under the illusion that the Bureau of Indian Affairs provides for all urban Indians which is not the case.

I. THE NATIVE AMERICAN INDIAN SENIOR CITIZENS OF LOS ANGELES

Efforts to establish a service provider for Los Angeles Urban American Indian Elderly have met with negative responses from Administrators of Aging Programs here or with the "no funds" or "funds" already allocated for this fiscal year, The Los Angeles AAA has funded and continues to refund only those subcontracting service provider agencies that it initially funded in the early 70's. In the past, Requests for Poposals under the Act have not been received by any Indian Organization in this area.

While the Older Americans Act of 1965, as amended, continues to stress its orginal purpose, that most in need will be serviced first, the local aging networks appear to emphasize and allocate funding according to the population count. The U. S. Bureau of Census in1970 undercounted the American Indians and we have no assurance their preliminary 1980 Census Report is any more accurate. We do know the U. S. Bureau of Indian Affairs' Relocation Program between 1954 to 1970, reported that 60,00 American Indians had been relocated to this area from their reservations. This program terminated in 1980.

In the 1980 Census Bureau preliminary report, they counted 16,595 American Indians in the City of Los Angeles, the City's AAA report there are only 878 Urban Indian Elderly over the age of 65.

Persons working with Urban American Indians estimate the elderly Indian population in Los Angeles area is 1500-2500. It is generally agreed by most that these figures from the Census Bureau are very much lower than the actual number in this area.

The Elderly Indians in the greater Los Angeles Community come from all over the United States, including Canada and of course Indian Reservations therein, as well as from other urban areas.

II. GENERAL PROBLEMS FACED BY THE URBAN INDIAN ELDERLY

Most of the Urban Indian Elderly live with member of an extended family and thus face many of the problems of the Urban Indian Community at large; substandard housing, overcrowding, lack of transportation, language barriers and coping with health needs. In addition, the Native American Urban Indian Elderly face many more crises, such as a radical change in their traditional role as the most honored member of the Indian family to that of the most dependent. They suffer a dependency that has been brought about because of cultural isolation. They are isolated from traditional communities where common languages and highly structured kinship systems gave the elderly a vital role in teaching the traditions among the young. The urban elderly are isolated from the support and direction of tribal societies. Such isolation, however, has not hampered the American Urban Indian Elderly from seeking to provide invaluable cultural support to members of their extended families living in cities. But where such members are suffering from high unemployment, transportation, language and cutural barriers, unskilled occupations, as well as racial prejudice, the support takes new forms. Many of the Urban Indian Elderly willingly provide for the care of grandchildren, take on extensive responsibilities caring for the home and, on occasion, furnish all or most of the family income.

It is with this understanding that the needs of the Urban Elderly have the support of the entire Indian community.

III. NEEDS ASSESSMENT

The existing programmatic structures provided for under the Older Americans Act create a basic system for addressing the needs of the elderly throughout America, and for this we are grateful.

We know that the structures are designed to help us, and though they might often confuse us and take us through hours of paperwork, they show a basic concern. Therefore, we know that the program was not created to destroy. Our concern is that the program, where it involves the Native American Urban Indian Senior Citizen, provide cultural continuity rather than cultural disruption. However, in Los Angeles it provides nothing but the officials of the aging network cannot understand why the Urban American Indian Elderly will not avail themselves of other senior citizens programs and centers that focus mainly on other ethnic people of this area. Let each of the programs reflect this.

A. Nutrition and Meal Plans

Under the Nutrition Program, encourage the utlization of Indian foods, both in providing requisite nutritional analysis and, if at all possible, in allowing the Native American Urban Senior Citizen to prepare the foods to his/her liking. Although catering services are appreciated, all too often the food goes uneaten.

B. Transportation

The Urban Indian Elderly in the Los Angeles area lives throughout the city and county. They do not reside in "ghetto" type locations but are scattered throughout the area. Language barriers inhibit the use of public transportation as well as finances.

B. Transportation

Many of the elderly, who care for grandchildren during the day, may wish occasionally to get together after their children return from work. At times when special events occur, traditional dances, etc., the senior citizen often cannot attend due to regulations, lack of transportation, lack of personnel assistance, etc.

Transportation for the Native American Urban Indian Senior Citizen is extremely limited, considering the fact that the program covers the entire area at times and in some cases some areas are not covered by the transportation program of the aging.

Dial-a-Ride and city buses do not provide adequate evening and weekend services. Weekday services suffer because of cumbersome scheduling and lack of sophistication to comprehend the bus schedules that do exist as well as lack of knowledge of services.

C. Outreach Capability

Provide extensive outreach with utilization of either volunteers or paid Outreach Workers who are American Indians and able to communicate and inform the Urban Indian Elderly of beneficial aging programs. Due to lack of Information and Referral Program which would not be effective unless a structured type of follow-up by a Native American Indian Outreach Worker.

D. Meaningful Outreach

Provide outreach which recognizes the extended family. The Native American Indian Urban Elderly, suffers severely because of unmet needs which exist within the extended family: needs for employment, food and social services.

III. NEEDS ASSESSMENT: (continued)

D. Meaningful Outreach (continued)

The Native American Urban Indian Senior Citizens must often depend on others to advocate for their needs, complete complicated forms, translate or explain doctor's orders/prescriptions, etc.

E. Paperwork

Reduce paperwork. Paperwork, particularly where Native American Urban Senior Citizen programs must answer to several levels of bureacracy.

The application process existing in the aging network discourages the Urban Indian Elderly to participate in non-Indian aging programs. Some cannot read or write. Others, because of years of distrust, fear to give extensive information about themselves. Some come from families that have highly unstable incomes or no income and, because of pride, do not wish this to be known.

Paperwork requirements should be kept to a minimum. The Urban American Indian Senior Citizen are proud people and asking for assistance is very difficult for them.

F. Program Independence

Give us program independence. Encourage direct funding, or funding through an entity acquainted with the needs of American Urban Indian Senior Citizens programs. The Urban Indian Elderly Citizens will be able to develop programs oriented to their needs rather than being forced to accept the non-Indian program emphasis of existing structures.

Although many people are familiar with Indian people and feel that they understand their needs, Indians must begin to be given the self-determination and the responsibility for meaningful programming for Indian populations.

Thank you very much.

Lincoln D. Billedeaux, Member
Los Angeles City and County Native American Indian Commission
Chairman, Los Angeles American Indian Council on Aging

ATTACHMENTS TO TESTIMONY - Los Angeles American Urban Senior Citizens

1. Testimony

2. Letter From Los Angeles AAA Director to Commissioner Mr. A. David Lester ANA, Dept of Health & Human Services, Washington, D.C., regard the Urban Indian Aged in Los Angeles. (Note: None of the LA City AAA Director's Recommendations have been implemented as of this date)

3. Directory of Los Angeles City Area Agency on Aging, Service Providers under the provisions of the Older Americans Act of 1965, as Amended.

4. SUMMARY OF THE THREE YEAR AREA PLAN (JULY 1, 1982 to JUNE 30, 1986) FOR PROGRAMS ON AGING IN THE CITY OF LOS ANGELES, dated March 1, 1982. (NOTE: Mr. Thomas G. Sellars, Executive Director, Los Angeles City/County Native American Indian Commission and Commissioner Mr. Iron Eyes Cody, will present testimony at these Public Heartings being held today 3/12/82)

DOUGLAS S. FORD
GENERAL MANAGER

CALIFORNIA

TOM BRADLEY
MAYOR

COMMUNITY DEVELOPMENT
DEPARTMENT
215 W. 6TH STREET
LOS ANGELES 90014
(213) 485 4882

Attachment
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September 16, 1981

Mr. A. David Lester, Commissioner
Administration for Native Americans
University Associates, Inc.
475 L'Enfant Plaza West
Washington, D.C. 20024

QUESTIONNAIRE ON GAPS AND BARRIERS IN SERVICES TO NATIVE AMERICANS

Our staff has reviewed the questionnaire on gaps and barriers in services to Native Americans in the City of Los Angeles. We have conferred with Michael G. Yankovich, Executive Director of Indian Centers, Inc., in Los Angeles. In addition, a member of our staff, Lincoln D. Billedeaux, an American Indian, has provided us with information regarding the needs, gaps and barriers in services to the American Indian elderly.

We are submitting the following narrative in lieu of the questionnaire since we lack specific information with respect to needs and barriers and the questionnaire appears to have a rural focus and may not be asking questions most relevant to our City, with the exception of transportation. We note however that virtually all services listed in the questionnaire are available to all elderly in the City, and are provided by the Area Agency on Aging and/or other agencies. We note further that a certain number of Native Americans are being served, as indicated by data provided by service providers.

The Native American population of the City of Los Angeles totals 16,595, or o.56% of the total City population, according to the 1980 Census. The population is distributed throughout the City, with each of the fifteen Council Districts containing from 500+ to 2000+ Native Americans. Age data from the 1980 Census is not yet available, but assuming that the over 60 population comprises 10-15% of the total population, we can estimate that Native American elderly population citywide totals approximately 2000 persons. We have no current data regarding income nor specific needs and barrier to service with regard to Native Americans.

Accordingly, the AAA makes the following recommendations in an effort to assess and expand services to the American Indian elderly population in the City of Los Angeles. We note that funding for programs for the current year, 1981-82, has already been committed. It is not feasible, therefore, to provide funding for any new programs not presently included in the current Area Plan.

1. The AAA concurs with the recommendation that emanated from the workshops held at the Indian Center in Los Angeles on August 15, 1981 that the City of Los Angeles AAA designate a member of the staff as the American Indian Community Liaison to coordinate, plan and implement programs and services for the American Indian elderly. Furthermore, this Coordinator must be a) a staff person who is sensitive to the culture, history and mores of the American Indian elderly; b) knowledgeable of the programs authorized under the Older Americans Act; and c) familiar with the needs and problems of the urban Indian community.

2. The AAA shall designate one or more center sites strategically located in the City as "entry points" for American Indian elderly persons. These centers shall have the staff and programmatic capability to provide assistance and referral specifically to the American Indian elderly. Furthermore, the AAA staff liaison to the American Indian community shall coordinate closely with these designated centers.

3. The AAA shall explore the possibility of designating one or more nutrition sites which shall be responsible to the nutritional needs of the American Indian elderly.

4. The AAA shall develop a list of American Indian agencies and organizations which shall be included in the mailing list for Requests for Proposals (RFPs). The AAA shall assist these agencies/organizations in obtaining technical assistance in preparing RFPs.

5. The AAA shall publicize the mandated public hearings in preparation for the Area Plan among the agencies and organizations serving the urban American Indian community. Furthermore, the AAA shall make every effort to elicit testimony from consumers and agencies representative of the American community relevant to needs, problems, gaps and barriers.

The AAA shall endeavor to implement the above recommendations. This task shall be facilitated with the cooperation of the American Indian Community in Los Angeles.

We look forward to working together with you.

DOUGLAS S. FORD
General Manager

By: Jerry J. Cimmarusti
JERRY J. CIMMARUSTI
Director
Area Agency on Aging

JJC:AG:pw

cc: Michael G. Yankovich
bcc: Lincoln D. Billedeaux

Attachment
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CITY OF LOS ANGELES
COMMUNITY DEVELOPMENT DEPARTMENT
AGING DIVISION
(AREA AGENCY ON AGING)
215 West Sixth Street, 7th Floor
Los Angeles, CA 90014
(213) 485-6512

PROGRAM AND SERVICE PROVIDER DIRECTORY
(revised January, 1982)

The following is a directory of programs and services for persons over the age of 60, administered by the City of Los Angeles Area Agency on Aging. The programs and services are listed in the following order:

Information and Referral (Bilingual Services)
Multipurpose Senior Centers
Escort Service - Senior Ride
Emergency Alert Response System
Operation Carrier Alert
Legal Services
Ombudsman
Senior Community Service Employment Program
Congregate Nutrition Sites
Meals for the Homebound

Programs are listed by service areas - Valley, North, South, East, West, and Harbor. A map and description of service area boundaries are included at the end of this directory.

The Aging Division receives Older Americans Act funds allocated through the State Department of Aging. These funds are used to provide contracted services with non-profit agencies called "service providers."

INFORMATION AND REFERRAL

Information and Referral is a citywide service to aid older persons in need of services. Information and referral specialists are located in multipurpose centers throughout the City. See listing under Multipurpose Senior Centers following.

Bilingual specialists who speak Spanish, Japanese, Filipino (Tagalog), Chinese, Korean, Samoan or Vietnamese are available to assist seniors at centers listed below:

SPANISH - CITYWIDE

COMMUNITY AND HUMAN RESOURCES AGENCY (CHARO)
3951 E. Medford Street
Los Angeles, CA 90063
Contact: Carlos Sotò
West L. A. and Valley - Ph: 901-0192
Harbor Area - Ph: 519-8843
East L. A. and Central - Ph: 268-1100

BILINGUAL INFORMATION AND REFERRAL (continued)

ASIAN/PACIFIC - CITYWIDE

ASIAN AND PACIFIC COALITION ON AGING
1102 Crenshaw Blvd.
Los Angeles, CA 90019
Ph: (213) 933-4982
Director: Peter Alegria

CHINESE SENIOR CITIZENS I & R/
OUTREACH CENTER
600 N. Broadway
Los Angeles, CA 90012
Ph: 625-0274

EVERGREEN JAPANESE BILINGUAL
I & R/OUTREACH CENTER,
2923 East 2nd St.,
Los Angeles, CA 90033
Ph: 263-5987

FILIPINO COMMUNITY I & R/
OUTREACH CENTER
323 Mar Vista Ave.,
Wilmington, CA 90744
Ph: 549-1915

FILIPINO-AMERICAN SR. CITIZENS
BILINGUAL I & R/OUTREACH CENTER
1740 W. Temple St.
Los Angeles, CA 90026
Ph: 483-6599

INDO-CHINESE BILINGUAL I & R/
OUTREACH CENTER
2121 W. Beverly Blvd.
Los Angeles, CA 90057
Ph: 483-4970

JAPANESE AMERICAN BILINGUAL I & R/
OUTREACH CENTER
12953 Branford St.,
Pacoima, CA 91331
Ph: 896-5061

JAPANESE PIONEER BILINGUAL I&R/
OUTREACH CENTER, JACC Building
244 S. San Pedro Street, B-5
Los Angeles, CA 90012
Ph: 621-1195

KOREAN SR. CIT. BILINGUAL I&R/
OUTREACH CENTER
760 W. Westmoreland Ave.
Los Angeles, CA 90005
Ph: 380-9948

KOREAN SENIOR CIT. BILINGUAL
I & R/OUTREACH CENTER
3405 West Pico Blvd.
Los Angeles, CA 90019
Ph: 734-4492

KOREAN SENIOR CITIZENS CLUB
BILINGUAL I & R/OUTREACH OFFICE
2716 Ellendale Place
Los Angeles, CA 90007
Ph: 733-4024

ROSEWOOD SR. CITIZENS BILINGUAL
I & R/OUTREACH CENTER
501 North New Hampshire Ave.
Los Angeles, CA 90004
Ph: 660-1476

SAMOAN SENIOR CITIZENS I & R/
OUTREACH CENTER
1200 S. Kenmore Ave.,
Los Angeles, CA 90006
Ph: 387-3930

SEINAN SENIOR CITIZEN I & R/
OUTREACH CENTER
3228 West Jefferson Blvd.
Los Angeles, CA 90018
Ph: 734-2175

TAIWANESE SR. CIT. BILINGUAL
I & R/OUTREACH OFFICE
244 1/2 East 1st St.
Los Angeles, CA 90012
Ph: 628-0009

MULTIPURPOSE SENIOR CENTERS

Multipurpose Centers provide many services and programs at one location, thereby eliminating unnecessary travel by seniors. Among the many services available at some of the multipurpose centers are counseling, nutrition programs, outreach, financial advice, recreational and social activities, legal aid, health care, language programs, housing information, work opportunities, volunteer groups, transportation, and information and referral about other programs. Not all services are available at all locations. Contact the multipurpose center nearest your home for information regarding available programs.

VALLEY

	NEIGHBORHOODS
PACOIMA MULTIPURPOSE SENIOR CENTER 12550 Van Nuys Boulevard Pacoima, CA 91331 Ph: 899-9548 - Director: Marilyn Sorrelle Council District #1	Tujunga-Sunland/Sun Valley/Pacoima/Sylmar/Arleta/Lake View Terrace
NORTH HOLLYWOOD MULTIPURPOSE SENIOR CENTER 5000 Colfax Avenue North Hollywood, CA 91601 Ph: 766-5165 - Director: Wanda Sawyers Council District #2	North Hollywood/Studio City
VBS RESEDA MULTIPURPOSE SENIOR CENTER 7222 Reseda Boulevard Reseda, CA 91335 Ph: 705-2345 - Director: Estelle Cooper Council District #3	Reseda/Canoga Park
VAN NUYS MULTIPURPOSE SENIOR CENTER 6514 Sylmar Avenue Van Nuys, CA 91401 Ph: 781-1101 - Director: Betty Springer Council District #7	Van Nuys
ROBERT M. WILKINSON SENIOR MULTIPURPOSE CENTER 3956 Vanalden Avenue Northridge, CA 91324 Ph: 701-0141 - Director: Roger Lawson Council District #12	Northridge/Chatsworth/Mission Hills/Porter Ranch/Granada Hills/Knollwood/Sepulveda

MULTIPURPOSE SENIOR CENTERS (continued)

NORTHSIDE

	NEIGHBORHOODS
ST. BARNABAS MULTIPURPOSE SENIOR CENTER 2007 Wilshire Boulevard, Suite 201 Los Angeles, CA 90057 Ph: 483-7002 - Director: Richard Hall Council District #4	Westlake/Wilshire
FREDA MOHR MULTIPURPOSE SENIOR CENTER 351 North Fairfax Los Angeles, CA 90036 Ph: 655-5141 - Director: Sally Edelist Council District #5	West Wilshire/ Hollywood
HOLLYWOOD MULTIPURPOSE SENIOR CENTER 6501 Fountain Avenue Hollywood, CA 90028 Ph: 465-2158 - Director: Terry McGowan Council District #13	Hollywood

SOUTHSIDE

	NEIGHBORHOODS
PEOPLE COORDINATED MULTIPURPOSE SENIOR CENTER 5133 Crenshaw Boulevard Los Angeles, CA 90043 Ph: 294-5226 - Director: Rosalie Harrison Council District #6	Leimert/Exposition
BRADLEY MULTIPURPOSE SENIOR CENTER 10937 South Central Avenue Los Angeles, CA 90059 Ph: 564-5901 Ext. 227 Director: Alta Shaw Council District #8	Watts/Green Meadows/So. Vermont Gardena Strip
WLCAC THERESA LINDSAY MULTIPURPOSE SENIOR CENTER 4515 South Central Avenue Los Angeles, CA 90011 Ph: 232-1246 - Director: C.C. Carter Council District #9	Adams/Downtown/ Central/Avalon
DAVID S. CUNNINGHAM MULTIPURPOSE SENIOR CENTER 2475 Washington Boulevard Los Angeles, CA 90018 Ph: 734-9091 - Director: Shirley McFadden Council District #10	West Adams/Leimert Baldwin Hills

MULTIPURPOSE SENIOR CENTERS (continued)

	NEIGHBORHOODS
WESTSIDE	
FELICIA MAHOOD MULTIPURPOSE SENIOR CENTER 11338 Santa Monica Boulevard Los Angeles, CA 90025 Ph: 479-4119 - Director: Dan Gerski Council District #11	West Los Angeles
EASTSIDE	
INTERNATIONAL MULTIPURPOSE SENIOR CENTER 435 S. Boyle Ave. Los Angeles, CA 90033 Ph: 264-6210 - Director: Ed Pacheco Council District #14	Boyle Heights/El Sereno/Lincoln Heights/Highland Park/Eagle Rock
HARBOR	
WILMINGTON MULTIPURPOSE SENIOR CENTER 1148 North Avalon Boulevard Wilmington, CA 90744 Ph.: 518-4533 - Director: Gary L. Kern Council District #15	Wilmington/San Pedro/Harbor City

ESCORT SERVICE

Escort provides person-to-person travel assistance for the homebound. Its primary aim is to prevent the unnecessary institutionalization of seniors who simply need help for a few hours each month enabling them to conduct business outside of the home. It is for seniors who have difficulty using other means of transportation.

SAN FERNANDO VALLEY INTERFAITH SAN FERNANDO
COUNCIL PROJECT SHARE VALLEY
6260 Tyrone Avenue
Van Nuys, CA 91401
Ph: 785-4292 - Director Barbara VanderMeer

COMMUNITY CARE & DEVELOPMENT SERVICES NORTHSIDE
Senior Escort
1450 West Venice Boulevard
Los Angeles, CA 90006
Ph: 747-9611, Ext. 56
Contact: Gene Dow

WATTS LABOR COMMUNITY ACTION COMMITTEE SOUTHSIDE
Four Communities Escort Program
8501 South San Pedro Street
Los Angeles, CA 90003
Ph: 564-5901, Ext. 274
Contact: Armenia Hamlett

BAY CITIES JEWISH COMMUNITY CENTER WESTSIDE
SENIOR ESCORT SERVICE
201 Ocean Front Walk, Suite #1
Venice, CA 90291
Ph: 396-5964 - Director: Phyllis Feld

INTERNATIONAL INSTITUTE OF LOS ANGELES EASTSIDE
435 S. Boyle Ave.
Los Angeles, CA 90033
Ph: 264-6210 - Contact: Eduardo Pacheco; Elva Heldt

ALPHA CHI PI OMEGA SORORITY & FRATERNITY HARBOR
PRS CHAPTER, INC.
638 South Beacon Street, Room 511
San Pedro, CA 90731
Ph: 832-1174 - Director: Mary E. Wynard

EMERGENCY ALERT RESPONSE SYSTEM

Emergency Alert Response System (E.A.R.S.) is a telephone communication system between a homebound, low or moderate income frail senior and an emergency room in participating hospitals. The senior carries or wears a home equipment unit which consists of a portable button and a communicator which activates the telephone equipment initiating an emergency call to the hospital. There, trained personnel respond to the signal by immediately notifying a prearranged responder - either a neighbor, relative, friend, or paramedics - who will aid the subscriber. This system uses "Lifeline" equipment.

People interested in obtaining this service are given a "needs assessment interview" by the hospital. Primary consideration is given to the frail elderly with an established medical need and/or to socially isolated seniors. Units will be available on a priority basis with additional units available through a leasing arrangement with each hospital.

VALLEY

VALLEY HOSPITAL MEDICAL CENTER
14500 Sherman Circle
Van Nuys, CA 91405
Ph: 908-8604 Contact: EARS Coordinator-John Anguilo

NORTH AND EAST

WHITE MEMORIAL HOSPITAL
1720 Brooklyn Ave.
Los Angeles, CA 90033
Ph: 268-5000 x 1501 - Contact: EARS Coordinator - Brenda Kim

WEST AND SOUTH

DANIEL FREEMAN MEMORIAL HOSPITAL
333 N. Prairie Ave.
Inglewood, CA 90301
Ph: 676-EARS Contact: EARS Coordinator-Sister Therese Cecile

HARBOR

SAN PEDRO PENINSULA HOSPITAL
1300 W. 7th St.
San Pedro, CA 90731
Ph: 548-1707 - Contact: EARS Coordinator

OPERATION CARRIER ALERT

Operation Carrier Alert is designed to locate and aid seniors who may have become incapacitated in their homes. Daily mail carriers watch the mailboxes of participating seniors and notify AAA if yesterday's mail has not been taken in. AAA requests an investigation to determine if help is needed. It is a pilot project currently available in these zip code areas: 90004, 90005, 90006, 90007, 90010, 90012, 90015, 90016, 90017, 90018, 90019, 90020, 90026, 90027, 90028, 90029, 90035, 90036, 90038, 90039, 90046, 90048, 90057, 90068, and 90069.

Applications are available by calling the Community Development Department, Aging Division at 485-6515.

LEGAL SERVICES

Legal services are available citywide to seniors with the greatest economic or social need. The legal services provided are geared toward the following priorities:

1. Public Entitlement Laws such as disability benefits under Social Security and SSI, In-Home Supportive Services, MediCal, Medicare, etc.
2. Housing-related laws such as landlord-tenant disputes, rent-related issues, condominium conversions, etc.
3. Institutionalized advocacy in long term care facilities, board and care facilities, and conservatorships.

Appointments are scheduled on a monthly basis at multipurpose senior centers throughout the city. For information contact:

LAWS
7966 Beverly Blvd. Suite 210
Los Angeles, CA 90048
Ph: 658-8930 - Director: Terry Friedman

OMBUDSMAN

The Ombudsman Program provides residents of long term care facilities with an independent and objective source of help in resolving problems within the facilities. The long term care Ombudsman examines the facts associated with the complaints made by the resident and attempts to resolve the situation as quickly as possible. If resolution cannot be effected, referral is made to a legal support agency. Family members, friends and persons representing community organizations may also request assistance from the Ombudsman for problems affecting the resident. Confidentiality of residents is scrupulously maintained. At this time the program is operating in the Valley only.

NO. HOLLYWOOD SENIOR MULTIPURPOSE CENTER
5000 Colfax Avenue
North Hollywood, CA 91601
Ph: 766-5165 - Director: Wanda Sawyers

SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM

The Senior Community Service Employment Program (SCSEP) is designed to provide, foster and promote useful part-time opportunities in community service employment for low-income persons 55 years of age or older in all areas of the City. It also assists and promotes the transition of program enrollees to private or other unsubsidized employment. This program, Title V of the Older Americans Act, administers approximately 170 positions.

THE EAST LOS ANGELES COMMUNITY UNION (TELACU)
4351 East Valley Blvd.
Los Angeles, CA 90032
Ph: 227-4033 - Project Coordinator: Yolanda Flores

SENIOR RIDE

Senior Ride is a City AAA transportation system designed to assist older persons within four areas of the City: Area I - Adams, Leimert Park, Baldwin Hills and South Vermont; Area II - Northridge, Sepulveda, Van Nuys and North Hollywood; Area III - Eagle Rock, Atwater, Glassell Park; Area IV - Sunland-Tujunga. Rides must be requested at least 24 hours in advance and may not exceed 30 minutes of one-way travel. Requests are filled on a priority basis with medical and dental appointments as first priority; nutrition, shopping and banking, next; and recreation and social activities following.

AREAS SERVED

AREA I	APT TRANSPORTATION COMPANY 3827 Santa Rosalia Drive Los Angeles, CA 90017 Ph: 290-2060 Mon - Fri: 8 - 4 Sat : 9 - 2	Adams, Leimert Park, So. Vermont
AREA II	GOLDEN STATE TRANSIT 1408 West Third St. Los Angeles, CA 90017 Ph: 989-5622 Mon - Fri: 8:30 - 4:30	Northridge, Sepulveda, Van Nuys, North Hollywood
AREA III	GOLDOM - MEDI TRANS 2300 Colorado Blvd. Los Angeles, CA 90041 Ph: 258-3127 Mon - Fri: 8:00 - 4:00 (Administered by City Dept. of Transportation - 485-2758)	Eagle Rock, Atwater, Glassell Park, El Serrano Boyle Heights, Lincoln Heights
AREA IV	GOLDEN STATE TRANSIT 1408 West Third St. Los Angeles, CA 90017 Ph: 841-6022 Mon - Fri: 9 - 2	Sunland-Tujunga

NUTRITION

The City's AAA contracts with service providers to furnish a hot nutritious meal to seniors at least once a day, five days a week. No one is turned away because of an inability to contribute, although donations are encouraged. Most meals are served in a congregate setting where participants may become involved in other social activities. Meals may also be provided to the homebound where needed. (See following section). Transportation may be available to the congregate sites. Contact the agency operating nutrition programs for information.

AGENCIES OPERATING NUTRITION PROGRAMS

CHINESE COMMITTEE ON AGING (CH)
600 N. Broadway
Los Angeles, CA 90012
Ph: 628-5545 - Director: John Chin

CITY OF LOS ANGELES (R & P)
RECREATION AND PARKS DEPT.
1350 City Hall East
200 N. Main Street
Los Angeles, CA 90012
Ph: 485-4884 - Director: Deborah Beavers

COMMUNITY CARE AND DEVELOPMENT (CCDS)
SERVICES
1450 W. Venice Blvd.
Los Angeles, CA 90006
Ph: 747-9611, ext. 18 - Geraldine Roberts

FILIPINO-AMERICAN COMMUNITY OF
LOS ANGELES, INC. (FIL-LA)
1740 W. Temple St.
Los Angeles, CA 90026
Ph: 483-3392 - Director: Vincent Calzado

FILIPINO COMMUNITY OF L.A.
HARBOR AREA, INC. (FIL-WIL)
323 Mar Vista Ave.
Wilmington, CA 90744
Ph: 830-6781 - Director: Felipe Lamdagan

INTERNATIONAL INSTITUTE OF
LOS ANGELES (II)
435 S. Boyle Ave.
Los Angeles, CA 90033
Ph: 264-6210 - Director: Vilma Martinez

JAPANESE COMMUNITY PIONEER
CENTER (JCPC)
244 S. San Pedro St., Suite B-5
Los Angeles, CA 90012
Ph: 680-9173 - Director: Emi Yamaki

JEWISH FAMILY SERVICES OF
LOS ANGELES (JFS)
840 N. Fairfax
Los Angeles, CA 90046
Ph: 655-7830 - Director: Martha Newmark

PEOPLE COORDINATED SERVICES OF
SOUTHERN CALIFORNIA, INC. (PCS)
1221 S. Western Ave.
Los Angeles, CA 90006
Ph: 735-1231 - Director: Rosalie Harrison

SAN FERNANDO VALLEY INTERFAITH COUNCIL
(VIC)
11640 Hesby Street
No. Hollywood, CA 91601
Ph: 985-6675 - Director: Doris Manoff

WATTS LABOR COMMUNITY ACTION COMMITTEE
(WLCAC)
11401 S. Central Ave.
Los Angeles, CA 90059
Ph: 56[illegible]-6784 - Director: Bertha Kinsey

WILMINGTON JUNIOR CHAMBER OF COMMERCE (WIL)
1148 N. Avalon Blvd.
Wilmington, CA 90744
Ph: 518-4533 - Director: Gary Kern

VALLEY NUTRITION SITES (CONGREGATE)

COMMUNITY CHURCH
BRETHERN (R & P)
14517 Osborne St.
Panorama City, CA 91402
Ph: 892-2000

CONGREGATION BETH KODESH (VIC)
7401 Shoup Ave.
Canoga Park, CA 91304
Ph: 887-4996

FIRST CHRISTIAN CHURCH OF
RESEDA (VIC)
18050 Vanowen
Reseda, CA 91335
Ph: 996-1909

FIRST METHODIST CHURCH (VIC)
12550 Van Nuys Blvd.
Pacoima, CA 91331
Ph: 899-5311

FIRST PRESBYTERIAN CHURCH OF
ENCINO (VIC)
4963 Balboa Blvd.
Encino, CA 91316
Ph: 784-6617

FIRST PRESBYTERIAN CHURCH OF
NORTH HOLLYWOOD (VIC)
11640 Hesby St.
North Hollywood, CA 91601
Ph: 985-6675

FREE EVANGELICAL CHURCH (VIC)
12020 Strathern St.
Sun Valley, CA 91605
Ph: 764-2690

MENORAH VILLAGE (VIC)
7150 Tampa Ave.
Reseda, CA 91335
Ph: 873-5990

MID VALLEY SENIOR CITIZENS OF THE
CENTER (R & P)
14450 Valerio St.
Van Nuys, CA 91406
Ph: 997-8787

MOUNTAIN VIEW MANOR (R & P)
12960 Dronfield Ave.
Sylmar, CA 91342
Ph: 367-5937

PACOIMA RECREATION CENTER (R & P)
10943 Herrick Ave.
Pacoima, CA 91331
Ph: 896-6811

ROBERT M. WILKINSON MPC (VIC)
8956 Vanalden
Northridge, CA 91324
Ph: 885-5144

SUNLAND SENIOR CITIZEN CENTER (R&P)
8640 Fenwick
Sunland, CA 91401
Ph: 781-1101

WEST VALLEY SENIOR CENTER (VIC)
7326 Jordan Ave.
Canoga Park, CA 91304
Ph: 347-3336

VALLEY STOREFRONT (VIC)
12821 Victory Blvd.
No. Hollywood, CA 91606
Ph: 980-2336

VAN NUYS MULTIPURPOSE CENTER
6514 Sylmar Ave. (VIC)
Van Nuys, CA 91401
Ph: 781-1101

NORTHSIDE NUTRITION SITES (CONGREGATE)

ANGELICA LUTHERAN CENTER (CCDS)
1345 S. Burlington Ave.
Los Angeles, CA 90006
Ph: 388-6654

ANSHE EMET (JFS)
1490 S. Robertson Blvd.
Los Angeles, CA 90035
Ph: 271-2830

CHINESE SENIOR SERVICE CENTER (CH)
600 N. Broadway
Los Angeles, CA 90012
Ph: 628-5545

COLE AVENUE CENTER (CCDS)
1122 N. Cole Ave.
Los Angeles, CA 90038
Ph: 462-1947

ECHO PARK RECREATION CENTER (R & P)
1632 Bellevue Ave.
Los Angeles, CA 90026
Ph: 626-2585

FILIPINO AMERICAN COMMUNITY
CENTER (FIL - LA)
1740 W. Temple St.
Los Angeles, CA 90026
Ph: 483-3392

FIRST PRESBYTERIAN CHURCH
OF HOLLYWOOD (CCDS)
1760 N. Gower St.
Los Angeles, CA 90027
Ph: 463-7161

FIRST UNITARIAN CENTER (CCDS)
2936 W. 8th St.
Los Angeles, CA 90005
Ph: 384-9368

HOLLYWOOD MPC (CCDS)
6501 Fountain Ave.
Los Angeles, CA 90028
Ph: 465-0614

OHEV SHALOM (JFS)
525 S. Fairfax Ave.
Los Angeles, CA 90048
Ph: 934-0540

PICO ARLINGTON (KOREAN) CENTER (CCDS)
3405 W. Pico Blvd.
Los Angeles, CA 90019
Ph: 731-2873

SEPHARDIC MOGEN DAVID
CONGREGATION (JFS)
7454 Melrose Ave.
Los Angeles, CA 90046
Ph: 852-7199

ST. BARNABAS CENTER (CCDS)
2127 W. 6th St.
Los Angeles, CA 90057
Ph: 384-5281

ST. VLADIMIRS UKRAINIAN CHURCH
4025 Melrose Ave. (CCDS)
Los Angeles, CA 90029
Ph: 660-0372

UNITED CONGREGATIONAL
CHURCH (FIL - LA)
2400 W. Temple Street
Los Angeles, CA 90026
Ph: 382-9824

VIETNAMESE CENTER (II)
2121 Beverly Blvd.
Los Angeles, CA 90057
Ph: 483-4970

VIETNAMESE NUTRITION (CCDS)
4101 W. Adams
Los Angeles, CA 90018
Ph: 731-2716

WESTSIDE JEWISH COMMUNITY
CENTER (JFS)
5870 W. Olympic Blvd.
Los Angeles, CA 90019
Ph: 933-9666

NORTHSIDE NUTRITION SITES (CONTINUED)

HONG KONG LOW RESTAURANT (CH)
425 Gin Ling Way
Los Angeles, CA 90012
Ph: 628-1828

LITTLE TOKYO TOWERS (JCPC)
455 E. Third St.
Los Angeles, CA 90013
Ph: 614-0015

WILSHIRE PRESBYTERIAN CENTER (CCDS)
300 S. Western
Los Angeles, CA 90020
Ph: 388-7878

YOUNG ISRAEL (JFS)
7711 Melrose Ave.
Los Angeles, CA 90046
Ph: 653-8682

SOUTHSIDE NUTRITION SITES (CONGREGATE)

ALL PEOPLES COMMUNITY CENTER (CCDS)
806 E. 20th St.
Los Angeles, CA 90011
Ph: 747-5802

THERESA LINDSAY MULTIPURPOSE
SENIOR CENTER (WLCAC)
4515 S. Central Ave.
Los Angeles, CA 90011
Ph: 232-1246

BETHEL AME CHURCH (WLCAC)
7916 S. Western Ave.
Los Angeles, CA 90047
Ph: 752-0658

BETTY HILL SENIOR CENTER (CCDS)
3570 S. Denker Ave.
Los Angeles, CA 90018
Ph: 733-6859

CUNNINGHAM CENTER (PCS)
2475 Washington Blvd.
Los Angeles, CA 90018
Ph: 734-9091

FIRST UNITED METHODIST CHURCH (CCDS)
831 S. Hope St.
Los Angeles, CA 90017
Ph: 627-4511

FIRST UNITED METHODIST CHURCH (WLCAC)
812 W. 165th Pl.
Gardena, CA 90247
Ph: 532-0672

L.A. GARDNER'S ASSOCIATION (PCS)
3228 W. Jefferson Blvd.
Los Angeles, CA 90016
Ph: 732-0842

MULTIPURPOSE CENTER #6 (PCS)
5133 S. Crenshaw Blvd.
Los Angeles, CA 90043
Ph: 294-5226

SANTA ROSALIA SENIOR CENTER (PCS)
3929 Santa Rosalia Dr.
Los Angeles, CA 90008
Ph: 299-6212, 295-1342

STELLA MARIS RESIDENCE (PCS)
2303 S. Figueroa St.
Los Angeles, CA 90007
Ph: 748-7335

USC COMMUNITY CENTER (CCDS)
1029 W. 36th St.
Los Angeles, CA 90007
Ph: 743-6395

VINEYARD RECREATION CENTER (PCS)
2942 Vineyard Ave.
Los Angeles, CA 90016
Ph: 293-6788

WATTS LABOR COMMUNITY ACTION
COMMITTEE (WLCAC)
8855 S. Central Ave.
Los Angeles, CA 90022
Ph: 588-6277

WLCAC COMMUNITY CENTER (WLCAC)
10957 S. Central Ave.
Los Angeles, CA 90059
Ph: 564-6784

WATTS SENIOR CITIZEN CENTER (WLCAC)
9916 Maie Ave.
Los Angeles, CA 90059
Ph: 564-9440

WESTSIDE NUTRITION SITES (CONGREGATE)

FELICIA MAHOOD MULTIPURPOSE
SENIOR CENTER (R & P)
11338 Santa Monica Blvd.
Los Angeles, CA 90025
Ph: 478-6238

ISRAEL LEVIN CENTER (PCS)
201 Ocean Front Walk
Venice, CA 90291
Ph: 399-9584

PENMAR REC. CENTER (R & P)
1341 Lake Street
Los Angeles, CA 90291
Ph: 396-8735

OAKWOOD RECREATION CENTER (PCS)
767 California Ave.
Venice, CA 90291
Ph: 399-0162

W.L.A. JAPANESE SENIOR CENTER (PCS)
2003 Corinth
Los Angeles, CA 90025
Ph: 479-9135

STONER RECREATION CENTER (R & P)
11729 Missouri Ave.
Los Angeles, CA 90025
Ph: 479-7200

TEMPLE ISAIAH (R & P)
10345 W. Pico Blvd.
Los Angeles, CA 90064
Ph: 277-7441

WESTCHESTER SENIOR CITIZEN
CENTER (PCS)
8740 Lincoln Blvd.
Westchester, CA 90291
Ph: 649-3317

WESTMINISTER SENIOR CITIZEN
CENTER (PCS)
1234 Pacific Ave.
Venice, CA 90291
Ph: 392-5566

EASTSIDE NUTRITION SITES (CONGREGATE)

ALISO PICO (II)
1505 E. First St.
Los Angeles, CA 90033
Ph: 268-3231

ASSUMPTION CHURCH SITE (II)
2832 Blanchard St.
Los Angeles, CA 90033
Ph: 269-8056

CRISTO REY PARISH (R & P)
4414 La Clede Ave.
Atwater, CA 90039
Ph: 242-2643

CYPRESS PARK (R&P)
2630 Pepper Ave.
Los Angeles, CA 90065
Ph: 485-5834

EVERGREEN BAPTIST CHURCH (KCK)
2923 E. Second St.
Los Angeles, CA 90033
Ph: 261-7295

INTERNATIONAL INSTITUTE (II)
435 S. Boyle Ave.
Los Angeles, CA 90033
Ph: 264-6210

LINCOLN HEIGHTS SENIOR
CITIZEN CENTER (II)
2323 Workman St.
Los Angeles, CA 90031
Ph: 225-9339

SALON MAZATLAN (EL SERENO) (II)
3355 N. Eastern Ave.
Los Angeles, CA 90032
Ph: 221-5935

YOSEMITE REC. CENTER (R & P)
1840 Yosemite Dr.
Los Angeles, CA 90041
Ph: 255-8217

HIGHLAND PARK RECREATION CTR. (R & P)
6159 Piedmont Ave.
Los Angeles, CA 90042
Ph: 258-6914

HARBOR NUTRITION SITES (CONGREGATE)

ANDERSON MEMORIAL CENTER (WIL-JC)
828 S. Mesa
San Pedro, CA 90731
Ph: 832-6260

EDER MEMORIAL SENIOR CITIZENS NUTRITION PROJECT (FIL-WIL)
323 Mar Vista Ave.
Wilmington, CA 90744
Ph: 830-6781

MAHAR HOUSE (WIL-JC)
1115 Mahar Ave.
Wilmington, CA 90744
Ph: 518-3085

NORMANDALE RECREATION CENTER (WIL-JC)
22400 Hallsdale
Torrance, CA 90501
Ph: 328-3689

RANCHO RECREATION CENTER (WIL-JC)
275 W. First St.
San Pedro, CA 90744
Ph: 833-7753

WILMINGTON SENIOR CITIZEN MPC (WIL-JC)
1148 N. Avalon Blvd.
Wilmington, CA 90744
Ph: 518-4533

MEALS FOR THE HOMEBOUND

Home Delivered Meals, funded with Title III-C (2) monies, are provided to persons 60 years and older who, because of physical or mental disabilities, are unable to attend congregate nutrition sites. If you are unable to travel to a congregate site, if you have an acute or chronic illness, contact the project closest to your home for eligibility requirements. Donations are encouraged.

	AREAS SERVED
WATTS LABOR COMMUNITY ACTION (WLCAC) Senior Center 11401 S. Central Los Angeles 90059 Ph: 564-6784 Director: Gertrude Paige, J. Whitfield	Watts-90001, 90002 90003,90037, parts of 90059,90044, parts of 90061
PEOPLE COORDINATED SERVICES (PCS) Senior Nutrition Program 1221 S. Western Ave. Los Angeles 90006 Ph: 735-1231 Coordinator: Frances Brown	Central L.A. - 90006 90007, 90008, 90016, Parts of 90043, 90056
INTERNATIONAL INSTITUTE (II) 435 S. Boyle Los Angeles 90033 Ph: 264-6210 Coordinator: Lucille Palacios	90033,90032,90042
CITY RECREATION & PARKS DEPT. (R & P) 1350 City Hall East 200 N. Main St. Los Angeles 90012 Ph: 485-4884 Director: Deborah E. Beavers	90025, 91401,90042 90041, 90039, 90065 parts of 90026 91331, 91342, 91040

SENIOR CITIZENS NUTRITION PROGRAM (CCDS) 427 S. Occidental Blvd. Los Angeles 90057 Ph: 480-8641 Coordinator: Sister Alice Marie	Central L.A. - 90026 90029, 90057, Part of 90004, 90005, 90010 90017, 90020, 90027
KOSHER MEALS FOR THE ELDERLY (JFS) 840 N. Fairfax Parts of 90035, 90019 Los Angeles 90046 Ph: 655-7833 Coordinator: Barbara Parker	90036, 90046, 90048,
KOREISHA CHUSHOKU KAI (JCPC) 244 S. San Pedro St. Rm. B-5 Los Angeles 90012 Ph: 680-9173 Program Director: Emi Yamaki	Downtown (Little Tokyo)-90013, 90033
SAN FERNANDO VALLEY INTERFAITH COUNCIL (VIC) Meals to the Homebound Program 14349 Hamlin Van Nuys 91401 Ph: 988-7188 Director: Doris Manoff	91401, 91402, 91405, 91411, 91303, 91304, 91307, 91335, 91356, 91367, 91601, 91602, 91604, 91605, 91606, 91607, 91423, 91311, 91324, 91325, 91326, 91343, 91344, 91306
HARBOR AREA SENIOR CITIZEN NUTRITION (WIL-JC) 1148 N. Avalon Blvd. Wilmington 90744 Ph: 518-4533 Coordinator: Irene Pinon	90744, 90731, 90732 90701

REGIONAL SERVICE AREA BOUNDARIES

VALLEY

NORTH	L.A. City Limits
EAST	L.A., Glendale,Burbank City Limits
SOUTH	Barham Blvd., Hollywood Fwy, Mulholland Dr.
WEST	Hidden Hills Limits County Bdry (Excludes San Fernando & Universal City)

SOUTHSIDE

NORTH	N. Broadway, Pasadena Frwy, Figueroa St., Harbor Frwy, Pico
EAST	L.A. River, Vernon, Huntington Prk Southgate, Lynwood, Compton City Limits, L.A. County
SOUTH	190th St.
WEST	Gardena, L.A., Inglewood City Limits, La Brea AVe., L.A. County Bdry, Culver City Limits, S.M. Frwy, La Cienega Blvd., 18th St. to Fairfax

WESTSIDE

NORTH	Mulholland Dr.
EAST	Laurel Cyn, Lookout Mtn. Ave., Wonderland, Beverly Hills City Limits, Crest Dr., Pickford St., Bagley, Canfield, National Blvd. Santa Monica Frwy, Culver City Limits, Inglewood City Limits.
SOUTH	El Segundo City Limits
WEST	L.A. County Bdry & Pacific Ocean

NORTHSIDE

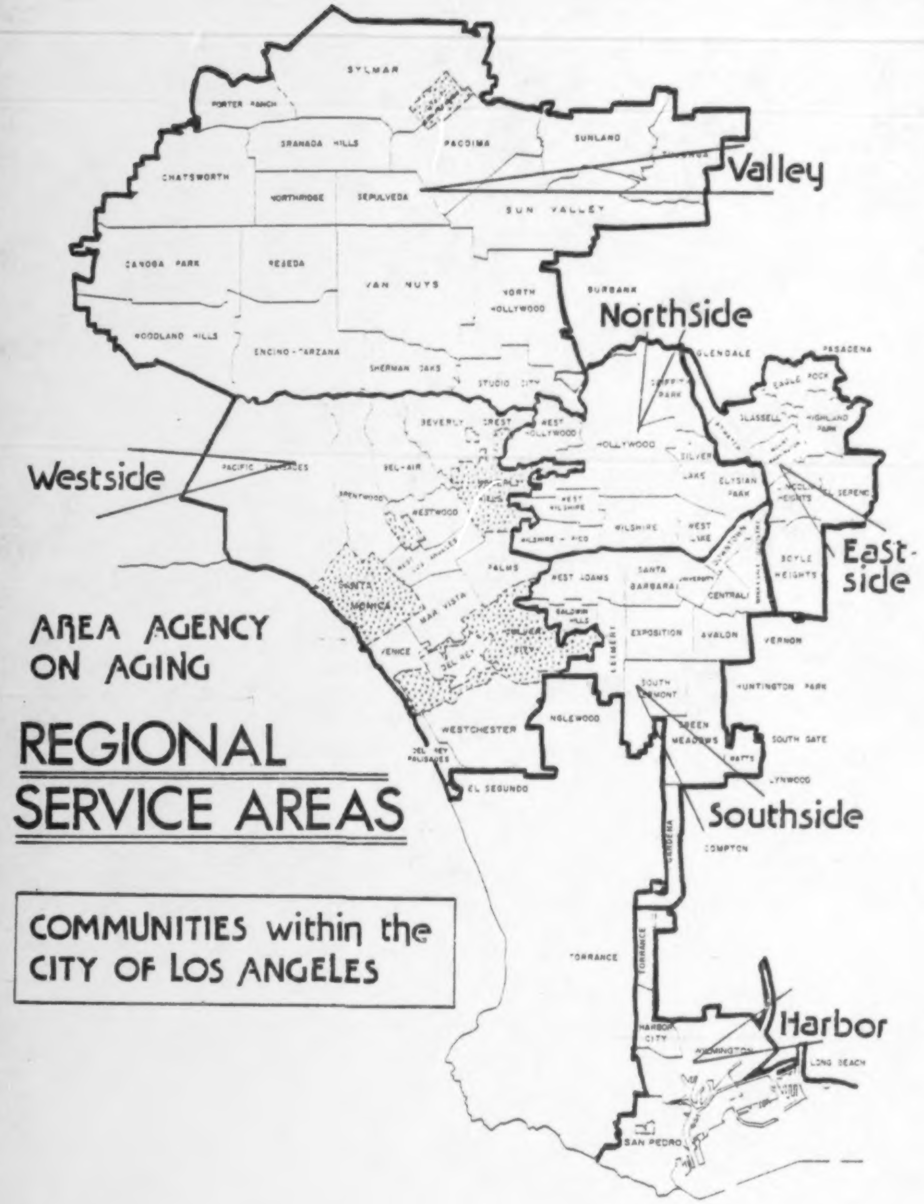
NORTH	L.A. City Limits, Barham Blvd. Mulholland Dr., Laurel Cyn Blvd. Lookout Mtn., to Wonderland Ave. Canfield Ave, Robertson Blvd,
EAST	L.A. River, N. Broadway, Pasadena & Harbor Frwys, Figueroa St.
SOUTH	Pico Blvd., Fairfax, 18th St. La Cienega, S.M. Frwy to National Blvd.
WEST	Canfield Ave., Bagley, Pickford St. Crest Dr., Beverly Hills City Limits

EASTSIDE

NORTH	Glendale & pasadena City Limits
EAST	So. Pasadena, Alhambra & L.A. City Limits
SOUTH	Vernon City Limits
WEST	L.A. River

HARBOR

NORTH	190th St.
EAST	L.A. City, Carson & Long Beach City Limits
SOUTH	Pacific Ocean
WEST	Rancho Palos Verdes, L.A. County L.A. City Limits, Lomita, Torrance City Limits.



AREA AGENCY ON AGING

REGIONAL SERVICE AREAS

COMMUNITIES within the CITY OF LOS ANGELES

Valley
NorthSide
Westside
East-side
Southside
Harbor
SYLMAR
PORTER RANCH
GRANADA HILLS
PACOIMA
SUNLAND
TUJUNGA
CHATSWORTH
NORTHRIDGE
SEPULVEDA
SUN VALLEY
CANOGA PARK
RESEDA
VAN NUYS
NORTH HOLLYWOOD
BURBANK
WOODLAND HILLS
ENCINO-TARZANA
SHERMAN OAKS
STUDIO CITY
GLENDALE
PASADENA
GRIFFITH PARK
EAGLE ROCK
GLASSELL
HIGHLAND PARK
BEVERLY CREST
WEST HOLLYWOOD
HOLLYWOOD
SILVER LAKE
ELYSIAN PARK
PACIFIC PALISADES
BEL-AIR
BEVERLY HILLS
BRENTWOOD
WESTWOOD
WEST WILSHIRE
WILSHIRE
WEST LAKE
LINCOLN HEIGHTS
EL SERENO
WILSHIRE - PICO
WEST LOS ANGELES
PALMS
WEST ADAMS
SANTA BARBARA
UNIVERSITY
DOWNTOWN
CENTRAL
BOYLE HEIGHTS
SANTA MONICA
MAR VISTA
BALDWIN HILLS
CULVER CITY
LEIMERT
EXPOSITION
AVALON
VERNON
VENICE
DEL REY
SOUTH VERMONT
HUNTINGTON PARK
INGLEWOOD
GREEN MEADOWS
SOUTH GATE
WESTCHESTER
DEL REY PALISADES
WATTS
LYNWOOD
EL SEGUNDO
GARDENA
COMPTON
TORRANCE
HARBOR CITY
WILMINGTON
LONG BEACH
SAN PEDRO

CITY OF LOS ANGELES
CALIFORNIA

DOUGLAS F. FORD
GENERAL MANAGER

COMMUNITY DEVELOPMENT
DEPARTMENT
215 W. 6TH STREET
LOS ANGELES 90014
(213) 485-4682

TOM BRADLEY
MAYOR

Attachment
4

March 1, 1982

SUMMARY OF THE THREE YEAR AREA PLAN (JULY 1, 1982 TO JUNE 30, 1985) FOR PROGRAMS ON AGING IN THE CITY OF LOS ANGELES

Dear Friend of the Aging Network:

The attached packet provides information relevant to the public hearings to be conducted on the City's Area Plan for Programs on Aging. The hearings will be held on March 9, 11, and 12 in the locations listed on the next page.

While the Area Plan is based on a three-year planning cycle, program objectives are formulated and reviewed on an annual basis, thus accommodating changing needs and priorities. Therefore, the attached information pertains primarily to our Eighth Program Year which commences July 1, 1982.

To facilitate understanding, the summary information has been organized in the following format:

I. Overview of the Enabling Legislation (as amended, 1981).

II. Planning Process for the Eighth Program Year.

III. Planning and Service Area Characteristics.

IV. Program and Needs Assessment.

V. Planned Focus of Effort.

VI. Budget Information.

Additional budgetary information and the results of our recent long term care needs survey will be presented at each of the public hearings.

The City's Area Agency on Aging solicits your written comments and verbal testimony appropriate to the proposed plan at the public hearings.

DOUGLAS S. FORD
General Manager

By: Paula Smith for
Jerry J. Cimmarusti, Director
Area Agency on Aging

Attachment:

JJC:RAL:hss

PUBLIC HEARINGS on proposed objectives and eighth year area plan for ______ CITY OF LOS ANGELES AREA AGENCY ON AGING (AAA)

VALLEY

THURSDAY, MARCH 11, 1982

12:30 p.m. - 4:00 p.m.

VAN NUYS-SHERMAN OAKS
RECREATION C'TR.

14201 HUSTON ST.

SHERMAN OAKS, CA 91401

DOWNTOWN

FRIDAY, MARCH 12, 1982

1:00 p.m. to 5:00 p.m.

CITY HALL

200 N. SPRING ST.

LOS ANGELES, CA 90012

PUBLIC WORKS CONF. RM. 350

HARBOR

TUESDAY, MARCH 9, 1982

12:30 p.m. - 4:00 p.m.

PECK PARK COMMUNITY C'TR.

560 N. WESTERN ST.

SAN PEDRO, CA 90731

THE PUBLIC IS INVITED TO PARTICIPATE AND TESTIFY ON:

1. THE PROPOSED EIGHTH YEAR PLAN FOR THE CITY OF LOS ANGELES AREA AGENCY ON AGING
2. LONG TERM CARE NEEDS OF OLDER PERSONS IN THE CITY OF LOS ANGELES
3. RECOMMENDATIONS FOR EFFECTIVE USE OF RESOURCES IN PROVIDING SERVICES TO RESOLVE IDENTIFIED NEEDS

SENIOR CITIZENS AND OTHER INTERESTED PERSONS WHO WISH TO TESTIFY ARE URGED TO SUBMIT A WRITTEN SUMMARY OF THEIR COMMENTS BEFORE MARCH 5, 1982, TO THE AGING DIVISION, 215 W. 6th St., ROOM 700, LOS ANGELES, CA 90014

A SUMMARY OF THE PROPOSED AREA PLAN WILL BE AVAILABLE FOR REVIEW BEGINNING ON MARCH 2, 1982, AT EITHER: 1) THE MULTIPURPOSE SENIOR CENTER NEAREST YOU (SEE REVERSE SIDE FOR LOCATIONS & ADDRESSES); 2) THE AGING DIVISION, CITY OF LOS ANGELES COMMUNITY DEVELOPMENT DEPARTMENT. CONTACT PERSON: ANDREW P. GUTIERREZ, PHONE 485-6512

CITY OF LOS ANGELES SENIOR MULTIPURPOSE CENTERS

WESTSIDE

FELICIA MAHOOD MULTIPURPOSE SENIOR CENTER
11338 Santa Monica Boulevard
Los Angeles, CA 90025
Ph: 479-4119 - Director: Dan Gerski
Council District #11

EASTSIDE

INTERNATIONAL MULTIPURPOSE SENIOR CENTER
435 S. Boyle Avenue
Los Angeles, CA 90033
Ph: 264-6210 - Director: Ed Pacheco
Council District #14

HARBOR

WILMINGTON MULTIPURPOSE SENIOR CENTER
1148 North Avalon Boulevard
Wilmington, CA 90744
Ph: 834-1142 - Director: Gary L. Kern
Council District #15

VALLEY

PACOIMA MULTIPURPOSE SENIOR CENTER
12550 Van Nuys Boulevard
Pacoima, CA 91331
Ph: 899-9548 - Director: Marilyn Sorrelle
Council District #1

NORTH HOLLYWOOD MULTIPURPOSE SENIOR CENTER
5000 Colfax Avenue
North Hollywood, CA 91601
Ph: 766-5165 - Director: Wanda Sawyers
Council District #2

VBS RESEDA MULTIPURPOSE SENIOR CENTER
7222 Reseda Boulevard
Reseda, CA 91335
Ph: 705-2345 - Director: Estelle Cooper
Council District #3

VAN NUYS MULTIPURPOSE SENIOR CENTER
6514 Sylmar Avenue
Van Nuys, CA 91401
Ph: 781-1101 - Director: Betty Springer
Council District #7

ROBERT M. WILKINSON SENIOR MULTIPURPOSE CENTER
8956 Vanalden Avenue
Northridge, CA 91324
Ph: 701-0141 - Director: Roger Lawson
Council District #12

NORTHSIDE

ST. BARNABAS MULTIPURPOSE SENIOR CENTER
2007 Wilshire Boulevard, Suite 201
Los Angeles, CA 90057
Ph: 483-7002 - Director: Richard Hall
Council District #4

FREDA MOHR MULTIPURPOSE SENIOR CENTER
351 North Fairfax
Los Angeles, CA 90036
Ph: 655-5141 - Director: Sally Edelist
Council District #5

HOLLYWOOD MULTIPURPOSE SENIOR CENTER
6501 Fountain Avenue
Hollywood, CA 90028
Ph: 465-3522 - Director: Terry McGowan
Council District #13

SOUTHSIDE

PEOPLE COORDINATED MULTIPURPOSE SENIOR CENTER
5133 Crenshaw Boulevard
Los Angeles, CA 90043
Ph: 294-5226 - Director: Rosalie Harrison
Council District #6

BRADLEY MULTIPURPOSE SENIOR CENTER
10937 South Central Avenue
Los Angeles, CA 90059
Ph: 564-5901, Ext. 227
Director: Sharleen Hairston
Council District #8

WLCAC THERESA LINDSAY MULTIPURPOSE SENIOR CENTER
4515 South Central Avenue
Los Angeles, CA 90011
Ph: 232-1246 - Director: Dottie Banks
Council District #9

DAVID S. CUNNINGHAM MULTIPURPOSE SENIOR CENTER
2475 Washington Boulevard
Los Angeles, CA 90018
Ph: 734-9091 - Director: Shirley McFadden
Council District #10

I. OVERVIEW OF THE ENABLING LEGISLATION (as amended, 1981)

Title III of the Older Americans Act (OAA) as amended, 1981, is entitled Grants for State and Community Programs on Aging. It is the purpose of this Title to encourage and assist state and local agencies to concentrate resources in order to develop greater capacity and foster the development of comprehensive and coordinated service systems to serve older individuals by entering into new cooperative arrangements in each State with state and local agencies, and with providers of supportive services, including nutrition services and multipurpose senior centers, for the planning for and the provision of supportive services, nutrition services, and multipurpose senior centers, in order to:

1. secure and maintain maximum independence and dignity in a home environment for older individuals capable of self-care with appropriate supportive services;
2. remove individual and social barriers to economic and personal independence for older individuals; and
3. provide a continuum of care for the vulnerable elderly.

The 1981 amendments to the OAA were signed into law by the President on December 29, 1981. The amendments make few major changes in the law, but in general they give more flexibility to state and local programs. OAA programs are still required to give priority to elderly "in the greatest social or economic need." The amendments also clearly express Congress' intention of keeping aging services out of the social service block grants.

The OAA as amended (P.L. 97-115) will be in effect until September 30, 1984. Notable changes in Title III (Suportive and Nutrition Services) are as follows:

- Congress rejected President Reagan's proposals to combine appropriations for social and nutrition services (Titles IIIB, IIIC-1, and IIIC-2). But states will be allowed to transfer up to 20% of social and nutrition funds from one account to the other, once nutritional needs are met.
- The USDA Commodities Program will continue to operate as it has in the past. Congress lifted the cap on spending for this program to ensure that each state will continue to serve at least as many meals as it did in FY 81.

- Local nutrition programs can now use donations to provide transportation and other services that directly support the provision of nutrition services. Before, local programs were required to spend all donation money directly on nutrition services.

- Congress rejected a Senate proposal to impose a sliding scale system of fees on elderly receiving Title III nutrition services.

- Area agencies on aging (AAA's) are no longer required to spend 50% of their Title IIIB (social services) funds on access, in-home, and legal services. They are now required only to spend an amount that is adequate to meet local needs.

- For the first time, services related to crime prevention are allowable under the OAA.

- Responsibilities of the state nursing home ombudsmen are increased to include boarding homes.

- By FY 1983, all nutrition service contracts will be awarded on a competitive basis. Congress is ending a "grandfather clause" that protects former Title VII nutrition providers from losing their contracts.

- Congress also rejected a proposal to raise the position of the Commission on Aging within the Department of Health and Human Services. But Congress did increase the Commissioner's responsibility.

Note: The existing federal rules and regulations will be in effect until the new regulations, based on the 1981 OAA Amendments, are issued. The Administration on Aging anticipates publishing the new regulations in June, 1982. Therefore, the aforementioned changes will not take effect until after the commencement of the 1982/83 program year.

II. Planning Process for the Eighth Program Year

	Major Activities	Approximate Starting	Timeframe Completion
1.	Preparation of Area Plan.	Oct. '81	March '82
2.	Long Term Care Needs Survey.	Jan. '82	March '82
3.	Planning, Holding and Analysis of Public Hearings	Feb. '82	March '82

	Major Activities	Approximate Starting	Timeframe Completion
4.	Final Area Plan available for review by Director and Council on Aging.	---	March 22, 1982
5.	Final Area Plan transmitted to the Mayor and City Council	---	March 30, 1982
6.	Contract Renewal Process.	April '82	June '82
7.	Area Plan scheduled for review by Grants Committee	---	April 28, 1982
8.	Area Plan scheduled for City Council consideration.	---	April 30, 1982
9.	Area Plan approved by the Mayor.	---	April 30, 1982
10.	Area Plan and related documents due in final form at the California Department of Aging	---	May 3, 1982
11.	Approval of the Area Plan by the California Department of Aging; receipt of Sub-Grant Award Agreement.	---	June 1, 1982
12.	Sub-Grant Award Agreement with California Department of Aging executed by the Mayor.	---	June 10, 1982
13.	Notice of grant award (NGA) received from the California Department of Aging.	---	June 25, 1982
14.	Execution of Sub-contractor agreements	---	June 30, 1982

III. Planning and Service Area Characteristics (1)*
(PSA 25)

TOTAL POPULATION (PSA) 2,966,850(2)*

TOTAL POPULATION (60+) 439,857(3)*(14%) a Male 181,534 Female 258,323

60 - 64 125,641 (29%)(5)* Male 58,227 Female 67,414

65 - 74 188,785 (43%)(5)* Male 80,485 Female 108,300

75+ 125,431 (28%)(5)* Male 42,822 Female 82,609

RACE/ETHNICITY (65+ population)	Total 314,216
AMERICAN INDIAN (includes Eskimo/Aleut)	878 (0.3%)(6)*
ASIAN/PACIFIC ISLANDER (includes Japanese, Chinese, Filipino, Korean, Samoan, Asian Indian, Vietnamese, and Hawaiian)	15,797 (5.0%)(6)*
BLACK	44,078 (14.0%)(6)*
HISPANIC (includes Mexican, Cuban, Puerto Rican and Other Spanish)	32,410 (10.3%)(6)*
WHITE	219,824 (70.0%)(6)*
OTHER	1,229 (0.4%)(6)*

LIVE ALONE (60+) 124,970 (28.4%)(5)*

60 - 64 26,294 (20.9%)(7)*

65+ 98,676 (31.4%)(6)*

SSI/SSP RECIPIENTS	INSTITUTIONALIZED (65+)
1980 data not yet available	16,871 (5.4%)(6)*

Note: Population characteristics are not yet available on a Council District or AAA Regional Service Area basis.

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*(1) 1980 Census Data Information - California Department of Aging.

*(2) 1970 Census figure was 2,805,264; represents an increase of 5.76%.

*(3) 1970 Census figure was 403,360; represents an increase of 9.05%.

*(4) Percent of total PSA Population

*(5) Percent of Total 60+ Population

*(6) Percent of Total 65+ Population

*(7) Percent of total 60-64 Population

IV. Program and Needs Assessment

A. Identification of Needs

The assessment of needs was conducted by analyzing data from the following sources:

1. Available 1980 Census Data and a 1977 update (Population Employment and Housing Survey) of the 1970 Census provided by the Community Analysis and Planning Division.
2. Recommendations of the 1981 State and White House Conferences on Aging.
3. Priority bills introduced by the California Senior Legislature in Sacramento on July 21, 1981.
4. Information derived from the 1982 Long Term Care Needs, Survey which was mailed to 625 persons/organizations. The mailing included senior citizen clubs, Council on Aging members, mental health agencies, home health care agencies, AAA and non-AAA service providers, retirement homes, aging specialists and others. To date, 130 surveys have been returned for a response rate of 21 percent.
5. Information derived from the 1981 comprehensive needs assessment partitioned by the six regional service areas within the City.
6. Information derived from monthly service provider reports which yield an unduplicated count of persons served by program area, units of service, and unmet needs.
7. A comparison between the SSI/SSP recipients and available services (e.g., number of home delivered meals) within each zip-coded area in the City.

B. Identification of Existing Resources

Information about services and programs for older persons in the City of Los Angeles was obtained from:

1. AAA resource inventory and information and referral file.
2. Community Resource Information Bank (CRIB) which lists public and private service providers in the City.

C. Prioritizing and Decision-Making

The following are additional factors considered in the decision-making process on selection of services and allocation of resources:

1. Evaluation and recommendations of the City Council.
2. Recommendations of the Council on Aging.
3. Testimony from Public Hearings.
4. Availability of funds.
5. Feasibility.
6. The mandates, priorities and specifications of the enabling legislation.

V. Planned Focus of Effort

1982-85 Area Plan
First Year (1982-83)

Based on the program and needs assessment, the attached chart depicts the type of action to be taken by the AAA in achieving the objectives for the 1982-83 period. All of the proposed program areas conform to the programmatic and fiscal reporting requirements of the California Department of Aging's Management Information System.

Identified Need/Program Area	AAA Action Fund	 Coordinate	 Advocate	Objective (Unduplicated Persons To be served Annually)	Service Units (* = Required)	Component(s) Responsible
1. Information, Referral, and Follow-Up (is inclusive of all program areas)	X			134,000	Information * Referral * Evaluation/Follow-up *	Multipurpose Centers (MPC) Bilingual I & R Escort Area Agency on Aging (AAA)
2. Ombudsperson	X			3,600	Complaint investigation* Resolution *	MPC's
3. Case Management	X			1,860	Assessment * Case Planning * Referral * Evaluation/Follow-up *	MPC's Nutrition Social Service Providers (SSP)
4. Housing		X	X	6,000	Advocacy - Group Advocacy - Personnel	Legal Services MPC's AAA
5. Nutrition						
A. Congregate	X			30,000	Meals *	Nutrition Service Providers
B. Home Delivered	X			3,000	Nutrition Education *	
6. Security/Crime		X	X	54,000	Advocacy - Group Advocacy - Personal Education/Training Escort Repairs/Maintenance/Renovation	MPC's
7. In-Home Services	X	X	X	14,000	Housekeeping/Homemaker Chore Personal Care Visiting Telephoning Outreach - Personal	MPC's Nutrition SSP's AAA

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Identified Need/Program Area	AAA Action Fund	AAA Action Coordinate	AAA Action Advocate	Objective (Unduplicated Persons to be served Annually)	Service Units (* = Required)	Component(s) Responsible
8. Health Services	X	X	X	22,500	Advocacy - Group Advocacy - Personnal Assessment Education/Training Escort Evaluation/Follow-Up Health Screening Income Support/Material Aid Outreach-Personal Referral Supervision/Therapy	MPC's Nutrition SSP's Escort AAA
9. Mental Health Services		X	X	2,000	Supervision Advocacy - Group Advocacy - Personnal Assessment Counseling Escort Evaluation Outreach - Personnal	MPC's Nutrition SSP's Escort AAA
10. Services in Care Facilities (other than ombudsperson legal or Nutrition Services)		X	X	1,800	Advocacy - Group Advocacy - Personnal Counseling Leisure Activity Placement Visiting	MPC's
11. Transportation (other than Escort and Nutrition Transportation)	X	X	X	6,000	Income Support/Material Aid Transportation	Senior Ride Department of Transportation MPC's

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Identified Need/Program Area	AAA Action			Objective (Unduplicated Persons to be served Annually)	Service Units (* = Required)	Component(s) Responsible
	Fund	Coordinate	Advocate			
12. Community Services	X		X	8,000	Escort Income Support/ Material Aid Interpretation/ Translation Leisure Activity Physical Fitness	MPC's Escort Contract Agencies
13. Legal Services (performed by or under the direct supervision of, an attorney)	X	X	X	4,000	Advocacy - Group Advocacy - Personal Counseling Information	Legal Service Contract Agency MPC's
14. Career Services (Title IIIB, only)	X	X	X	2,520	Education/Training Placement	MPC's
15. Consumer Services		X	X	1,800	Advocacy - Group Advocacy - Personal Senior Discount Education/Training Information	MPC's
16. Volunteer Opportunities		X	X	20,000	Education/Training Income Support/ Material Aid Placement Referral	MPC's

3722Ghss

VI. BUDGET INFORMATION

1982-83 PLANNING ESTIMATE ALLOCATION COMPARISON

The Fiscal Year 1982-83 Allocations detailed in the chart below are based on anticipated allotments from the following sources:

- Title III Older Americans Act federal funds (Baseline Funds);
- Related State Match equivalent funds; and
- Estimated funds available from 1981-82 federal allotments (One-Time-Only Funds).

TABLE I: FUNDING SOURCE COMPARISON

Column 1 FUNDING SOURCE	Column 2 1981-82 LEVEL	Column 3 1982-83 LEVEL	Column 4 DIFFERENCE (-)
Baseline	$7,409,040	$7,486,079	$ 77,039
One-Time-Only	$ 935,327	721,712	(213,615)
State Match	387,362	523,938	136,576
TOTALS	$8,731,729	$8,731,729	$ -0-

Federal funding (composed of Baseline and One Time Only Funds) is awarded according to category and has been combined under each specific Title in the following chart:

TABLE 2: FUNDING CATEGORY COMPARISON

Column 1 CATEGORY	Column 2 1981-82 LEVEL	Column 3 1982-83 LEVEL	Column 4 DIFFERENCE (-)
Title III-B: Social Services Ombudsperson	$3,218,739	$3,082,163	$ (136,576)
Title III-C1: Congregate Nutrition	4,361,473	4,361,473	-0-
Title III-C2: Home Delivered	764,155	764,155	-0-
State Match	387,362	523,938	136,576
TOTALS	$8,731,729	$8,731,729	-0-

Table 3 details the funding proposals for Fiscal 1982-83 and outlines general contingency plans should additional One Time Only funding become available.

TABLE 3: PROGRAM AND AREA AGENCY ON AGING ALLOCATION COMPARISON

Column 1 PROGRAM	Column 2 1981-82 BUDGET	Column 3 PROPOSED 1982-83
Title III-B: Social Services		
Multipurpose Centers	$ 955,725	$ 974,835
Escort	393,188	401,052
Senior Ride	337,948	344,707
Nutrition Transportation	352,103	359,145
Nutrition Social Services	46,402	47,331
Bilingual Information & Referral	87,782	89,538
Legal Services	76,910	78,449
Ombudsperson	20,357	20,766
Long Term Care Supplement (5 months)	278,222	77,711
Title III-C1: Congregate Nutrition	4,039,337	4,120,124
Title III-C2: Home Delivered Meals	739,550	754,341
Area Agency on Aging *A	1,404,205	1,463,730
TOTALS	$8,731,729	$8,731,729
Title IV:	$ 1,000	$ 1,000 *B
Title V: Senior Community Service Employment Program	$ 867,819	*C

CONTINGENCY PROPOSALS

Supplement Long Term Care activities

Restore vacancies in the Area Agency on Aging

*A Does not reflect changes that will be necessary if the proposed regulation change regarding program development and coordination is adopted.

*B Reflects projected amount; award confirmation has not yet been received.

*C 1982-83 allocation levels, if any, are unknown at this time. According to the proposed federal budget, no funds will be available for Title V after October 1, 1982.

TE-MOAK BANDS OF WESTERN SHOSHONE

525 Sunset Street - Elko, Nevada 89801

March 12, 1982

The Honorable William S. Cohen
Chairman
Select Committee on Indian Affairs
United States Senate
Washington, D.C. 20510

Mr. Chairman:

In response to your February 4, 1982 correspondence on Indian aging programs, I am deeply concerned about the possibility of exhausted funding and lack of manpower to properly supervise our operations and have enclosed a Tribal Resolution to support this cause.

We have recently survived a funding cut-back in our Senior Citizens Program (s) in Battle Mountain and Elko, however, this survival is only temporary in that the Battle Mountain Colony's program shall be eliminated on September 30,1982, and that the Elko Colony program shall need to be supplemented by the community itself to stay alive.

My understanding of these programmatic cuts is that our satelite operations could not be justified because of the lack of participants. Our other communities, namely, the South Fork Reservation and Wells Colony were denied centers and the "meal on wheels" programs is the only substantive benefit they receive.

It is my opinion that unless our communities are financially stable, which they are not, we shall be in total jeopardy of losing all facets of senior programs. If this was to happen, the only alternative for our elders would be to attend the non-Indian programs which have been labeled by the elders as Country Club's for the rich.

If this Select Committee is truly interested in our affairs specifically regarding the elders these afore-cited issues must be considered and alternatives must be provided. In other words, our delemma shall not portray any reasonable well-defined alternative courses other than closing the Indian Senior Centers.

I thank-you for the opportunity to submit my testimony to the Select Committee.

Sincerely,

Charles Malotte

CHARLES MALOTTE, CHAIRMAN
TE-MOAK WESTERN SHOSHONE COUNCIL

Enclosure (1)

RESOLUTION OF THE GOVERNING BODY
OF THE
TE-MOAK BANDS OF WESTERN SHOSHONE INDIAN OF NEVADA

RESOLUTION NO. 82-TM-14

BE IT RESOLVED BY THE TE-MOAK WESTERN SHOSHONE COUNCIL, THAT

WHEREAS, this organization is an Indian Organization, known as the TE-MOAK WESTERN SHOSHONE COUNCIL, as defined under the Indian Reorganization Act of June 18, 1934, as amended, to exercise certain rights of home rule and to be responsible for the promotion of economic and social welfare of its tribal members, and

WHEREAS, the Te-Moak Tribal Council is the parent council for the Battle Mountain, Elko and South Fork Community Committees, and

WHEREAS, the Te-Moak Western Shoshone Council wishes to submit this resolution as testimony to the Senate Select Committee in order to promote the concept of inherent dignity of our Tribal Elders of which they are entitled to under the "Older Americans Act of 1968", and

WHEREAS, the Te-Moak Western Shoshone Council hereby finds and declares that, in keeping with traditional American concept's the older people must be allowed meaningful activity within the widest range of civic, cultural and recreational opportunities through efficient community services with no discriminatory practices because of culture, and

WHEREAS, the Te-Moak Western Shoshone Council finds that the older citizens of our communities are suffering unnessary harm from the lack of adequate services due to the priority funding cut-backs in our comprehensive programs, and

WHEREAS, the Te-Moak Western Shoshone Council requests the Senate Select Committee to continue to make provisions for comprehensive Indian Senior Citizens Programs which will assure a full range of essential services to our older citizens which we shall be in jeopardy of losing if our programs are not given consideration.

NOW THEREFORE BE IT RESOLVED, that the Senate Select Committee give full and special consideration to our older citizens while placing priority to the greatest economic and social need available which would not mean closure of Senior Citizens Centers.

C-E-R-T-I-F-I-C-A-T-I-O-N

I, the undersigned as Chairman of the Te-Moak Bands of Western Shoshone Council do hereby certify that the Te-Moak Bands of Western Shoshone Council is completed of 5 members of whom 3 constituting a quorum were present at a duly held meeting on the 10th day of March, 1982, and that the foregoing resolution as duly adopted at such meeting by a vote of 3 FOR; 0 AGAINST: 0 ABSTAIN, pursuant to Article VII, section 1, (d) of the Constitution and By-Laws of the Te-Moak Bands of Western Shoshone and that said resolution has not been rescinded or amended in any form.

ATTEST: Patricia Gentles
Secretary

Charles A. Malotte, Chairman
Te-Moak Tribal Council

STATEMENTS RECEIVED FOR THE RECORD

TESTIMONY
GILA RIVER INDIAN COMMUNITY
OVERSIGHT HEARINGS - INDIAN AGING PROGRAMS

PREPARED BY:
GILA RIVER INDIAN COMMUNITY
DEPARTMENT OF HUMAN RESOURCES
HEALTH & SOCIAL SERVICE BRANCHES

March, 1982

TESTIMONY

GILA RIVER INDIAN COMMUNITY
OVERSIGHT HEARINGS - INDIAN AGING PROBLEMS

Mr. Chairman:

For many years our Indian elderly people of the Gila River Indian Community have not received the adequate human delivery of services that they are entitled to both health and social, therefore, our Indian elderly problems has spired to an opporbrious situation. There is a complete lack of organizational structure in the U.S. Government, it's departments and agencies necessary to address the needs of our Indian elderly. This amounts to a failure on part of the U.S. Government to meet and fulfill its trust responsibilities.

It has been Gila River Indian Community's experience with the Bureau of Indian Affairs and Indian Health Service concerning their lack of providing adequate extended care for the elderly due to the fact that there exists no coordination between the two agencies, plus their conflicts in determining their responsibilities in providing those services.

One of the existing major problems on Gila River is there is no In-Home Health Care programs for the elderly that would provide health services in their homes, as opposed to being institutionalized away from home. Our Gila River elderly live in very unique ways, they live it and practice that uniqueness at home, let's face it, "there is nothing like being at home", as many of our elderly have expressed.

Because of the inability of the BIA and IHS to resolve their differences regarding their unique responsibilities for the elderly, this evasiness has also contributed and has in many cases compounded the social problems of our elderly. The shuffling back and forth of the question of who is responsible often creates additional problems to the one which the client originally brought to our attention.

Again, as a result, it creates a major problem in the area of social problems and needs of our elderly. There is no adequate human service delivery system in place and does not address problems. Individuals fall into cracks - no flexibility on the part of agencies to provide the accessibility of the resources and services that our elderly are entitled to. For instance, outreach service is not being provided from the human services delivery providers. Elderly people seeking human services have to travel many miles to the human services offices to apply for assistance. Many of our elderly do not have means of transportation and the Tribe does not have a transportation system, therefore, our elderly are not adequately accessible to services. Therefore, many elderly never get the services and assistance.

"As many of our colleagues have stated that the Indian communities and Indian people have consistently fallen and has ended at the bottom of the socio-economic standards," as quoted recently from Dr. Arthur Fleming.

Also, Mr. Chairman, although Gila River Indian Community is aware of the addition of the Title VI Amendments to the Older American's Act which was designed to permit Indian Tribal Governments and organizations to contract directly with the Federal Government for funding elderly nutrition or supplemental nutrition programs and associated services. However, Title VI was insufficiently funded and as such, failed to carry out the intent of the legislation.

Since a certain percentage of Title III funds was specifically set aside for Indian Tribes, Tribes still continue having to devise special funding relationships through Tribal organizations in order to avoid direct contracts with states, such is the case with Gila River Indian Community. Although Indian Tribes have access to federal funding which is provided through Title VI, there presently exists critical insufficient funding from that source.

Therefore, Gila River Indian Community recommends that Title III set aside funds for Indian Tribes be transferred to Title VI, thus enabling the Tribes to contract directly with the Federal Government, it would also avoid cumbersome fiscal procedures involved in the present use of Title III State funds.

Gila River Indian Community also recommends that the Federal Government devise an "Indian Block Grant" concept for all Indian Governments and organizations in applying for federal funds for their programs including elderly programs. That this Indian Block Grant process be established to provide direct funding from the Federal Government. That the regulations be established according to their needs and that the Indian Governments and organizations have the flexibility in designing their own applications or proposals.

Mr. Chairman, Gila River Indian Community also recommends that a State, Area, and National Task Force be established to develop a National Indian Policy on Aging, taking into account the unique needs and the culture aspects of our

Indian elderly. That the Task Force also develop Indian focal points (liaison contact personnel or offices) in the various Federal Government Departments including the BIA, IHS, and the Administration on Aging in implementing this national policy.

Furthermore, Gila River Indian Community recommends that the Task Force have the responsibility in determining who the responsible Federal Department will be in upgrading responsibilities of the IHS and BIA, including, follow-up be done on all issues and recommendations from the First, Second and Third National Indian Conferences on Aging:

- First National Indian Conference on Aging
  held June 15-17, 1976, in Phoenix, Arizona.
- Second National Indian Conference on Aging
  held August 15-18, 1978, in Billings, Montana.
- Third National Indian Conference on Aging
  held September 8-10, 1980, in Albuquerque, New Mexico.

Plus, follow-up on all Indian issues and recommendations from all local, state, and National White House Conferences on Aging and develop responses to all Native American and Alaskan Natives. In addition, that the Task Force upon the completion of its responsibilities, that it continues to function in the capacity of monitoring the responsibilities and functions of the Federal Departments for an additional six (6) months to assure that the services are being provided for our Indian elderly. In addition, that a monitoring system be established by the Task Force, then assigning the responsibilities to a department to be an additional departmental responsibility and function of that department.

Finally, Mr. Chairman, it is Gila River Indian Community's strong expectations that the Senate Select Committee on Indian Affairs upon reviewing of our testimony and action taken by the Committee that many of the existing problems and needs of our elderly not mentioned in this testimony would be alleviated or taken care of such as transportation, legal services, housing, protection services, etc.

Mr. Chairman, thank you for giving Gila River Indian Community the opportunity to make and document this testimony.

STATEMENT OF ROBERT J. WILSON, ATTORNEY
NAVAJO DEPARTMENT OF JUSTICE, THE NAVAJO NATION
WINDOW ROCK, ARIZONA

I wish to thank the U.S. Senate Select Committee on Indian Affairs for this opportunity to submit written testimony relative to the responsibility of the Bureau of Indian Affairs to fund aging projects for Indians and to relate problems the Navajo Nation has encountered under the Older Americans Act, problems with elderly projects interfacing and coordinating with Bureau of Indian Affairs social services, and recommendations for improvements in programs to assist the Indian elderly.

I am an attorney for the Navajo Nation and have been privileged to provide legal counsel and representation to the Navajo Aging Services Department for the past two years. I have dealt with the Bureau of Indian Affairs relative to Indian elderly programs and services on the Navajo Nation and in a position to relate information to the Committee based upon personal knowledge and experience.

I. Which Federal Agencies have responsibility for funding aging projects for Indians?

The Bureau of Indian Affairs, U.S. Department of the Interior, the Administration on Aging, Office of Human Development Services, Department of Health and Human Services and the U.S. Public Health Service, Indian Health Service have primary and Concurrent responsibility for funding aging projects for Indians.

A. The Bureau of Indian Affairs

1. General Responsibility

The B.I.A. is the primary federal agency responsible for fulfilling and implementing the special relationship between the federal government and Indian people. This relationship creates certain legal duties and obligations on the part of the federal government to both Indian Tribal governments and individual Indian people.

Congress has enacted legislation over the years to fulfill the federal government's responsibility to Indians. The most relevant statutes regarding to the B.I.A.'s responsibilty to Indian elderly are the Snyder Act, 25 U.S.C. 13, the Indian Self-Determination and Education Assistance Act, P.L. 93-638, 25 U.S.C. §450 et. seq., and the Act of 1934, 48 Statute 596, as amended. These statutes permit Congress to appropriate monies for the social welfare programs operated by the B.I.A.

for the benefit of Indians. The language of the Snyder Act is very broad and clearly does not prohibit any type of social or health program for Indian elderly. Thus, current levels of appropriations and current programs and activities may be expanded or modified by the B.I.A. and Congress.

2. Specific Problems

The Navajo Nation planned and developed an Aging Services Program in the mid-1970's which culminated in a P.L. 93-638 contract for one month at the end of FY-79. When the Navajo Nation requested to recontract the program for FY-80, the B.I.A. declined. Attempts to resolve this declination through P.L. 93-638 regulations and procedures dragged on for over a year and did not conclude until March 26, 1981. An FY-81 recontract request was also declined during this period. The decision of the B.I.A. dated March 26, 1981 (attached) was that all components of the Navajo Aging Services Program, including food and nutrition, were legally fundable and contractable. This decision reversed the position the B.I.A. had asserted for over a which position resulted in drastic cuts in services to Navajo elderly, several deaths of Navajo elderly, and the expenditure of over $1,000,000.00 in Tribal funds to keep the program running during the appeal process.

I will not discuss the details of the Navajo Nation's battle with the B.I.A. over the Navajo Aging Services Program in this testimony. I am enclosing the Appeal and Exhibits from that dispute for the record. I am also enclosing several additional documents related to that Appeal for the record. These documents speak for themself and reveal the B.I.A.'s own position ralative to its responsibility for Indian elderly.

3. General Problems

I would like to summarize my impressions of the B.I.A based upon the Navajo Nation's Appeal relative to contracting the B.I.A.'s aging services functions. The testimony your Committee has already received from the B.I.A., Theodore Krenzke, substantiates these impressions.

The B.I.A. has taken the position that only those programs which receive a specific line item appropriation from Congress may be contracted under P.L. 93-638. As stated frequently in our case, the basic issue is the integrity of appropriated funds.

The B.I.A. took the position with the Navajo Nation that Congress does not appropriate Grant Assistance funds for aging services activities or programs. The B.I.A. admitted that it has not requested any specific appropriation for aging services activities in recent years for the reason that the B.I.A. did not believe Congress would act favorably upon such a request. The primary reason put forth by the B.I.A. is that Congress relieved the B.I.A. of its responsibilty to Indian elderly by enacting the Older Americans Act, (79 Stat. 218, as amended). The Older Americans Act provides funding for Indian aging services activities through Title III and Title VI. Thus, the B.I.A. has not and will not request or advocate an appropriation for aging sevices activities from Congress. The B.I.A. has and will rely upon the absence of such an appropriation to deny any legal or moral responsibility to operate or fund Indian aging services programs and activities. Thus, the B.I.A. disclaims responsiblity for most aging services activities because Congress has not appropriated funds for these activities and then refuses to ask Congress for such funds.

As the primary federal agency dealing with Indian people, the B.I.A. is clearly obligated to coordinate the provision of services under various federal programs and also to advocate in behalf of Indian people and programs. In the area of aging services the B.I.A. has failed to do either. The B.I.A. does not advocate for or represent the interests of Indian elderly. The burden has fallen upon the Indian people to coordinate services and funding and to advocate for Indian aging services programs and activities.

The B.I.A. has admitted, in response to the Navajo Nation's Appeal, that Social Service Administration funds may be used to fund aging services activities but tribe's must prioritize these activities through the banding process. This again shifts the burden to tribes to decide which legally authorized and mandated federal responsibilities will be cut or eliminated.

The aging services activities currently provided by the B.I.A. in the Navajo Nation consist of those limited Grant Assistance activities specifically authorized by line item appropriations. Adult Institutional Care funds custodial care and supervision in institutions. There are only two such Nursing Homes on the Reservation serving a very modest number of elderly clients. The B.I.A. has failed to develop aging services activities which are designed to provide care in the home and the community rather than an institution. There is clearly legal authority for the B.I.A. to design any kind of appropriate and integrated aging services program as long as funds are appropriated for the activity by Congress. The B.I.A. prefers to decline any such responsibility and to provide only certain limited services in a non-integrated manner.

B. The Administration on Aging

The Older Americans Act established an Administration on Aging as the federal government's primary agency for fulfilling an obligation to the Nation's elderly. Title VI was an amendment to the Act which permits direct grants to Indian Tribes. The Act specifically provides for meal and nutrition services. The Act does not say that the responsibility of the federal government to Indian elderly rests exclusively with the AOA nor does it expressly relieve the B.I.A. of its responsibility to Indian elderly. This is the position of the AOA as well as Congress. (See attached letter dated February 22, 1980 from AOA to Navajo Aging Services Director.) In fact funding levels of Titles III and VI have been so low that coordination of of all available resources is an absolute prerequisite to operating an integrated aging program.

The AOA is primarily responsible to seek the coordination of federal resources and activities for aging services activities. Other federal agencies are also responsible to develop an aging policy and coordinate these services with the AOA. The B.I.A. has, to the best of my knowledge, been unwilling to meet with the AOA to work out an understanding of their repective responsibilities to Indian elderly.

C. The Indian Health Service, U.S. Public Health Service

The Indian Health Service (IHS) is the federal agency primarily responsible for the provision of medical and health care services to Indian people. Indian elderly have a great need for health care and medical services. There has been little effort by the B.I.A. to coordinate elderly services activities provided pursuant to Grant Assistance funding authority with the health care and medical services provided by the I.H.S. Indian elderly will obviously require medical care and supervision when placed in a custodial setting. It is not enough for the B.I.A. to say its not our responsibility so we won't worry about it. The burden is once again placed upon Indian tribes and programs to coordinate services and integrate them into a useful program.

II. Recommendations to the Senate Select Committee on Indian Affairs

A. The B.I.A. should:

1. Conduct a national study or initiative to identify and document the unmet needs of Indian elderly.

2. Advocate on behalf of Indian elderly to Congress to obtain adequate appropriations to address their unmet needs.

3. Develop a comprehensive Indian elderly policy.

4. Coordinate both funds and aging services activities from all federal, state, and

private agencies/entities to achieve integrated Indian aging programs. This might require Inter-Agency Agreements or Congressional action.

5. Acknowledge its primary responsibility to ensure appropriate and integrated services are provided to Indian elderly, no matter what agency or entity is funding or operating a particular component.

B. The Congress should:

1. Make specific and clear the nature and scope of the B.I.A.'s responsibility to Indian elderly and to coordinate with other agencies and entities. Specifically the B.I.A. should cooperate with and take direction from the commissioner on Aging, A.O.A.

2. Make specific and clear to the B.I.A. that it is responsible to assist tribes both financially and through technical assistance to develop integrated aging services programs which utilize all available funding sources. The fact that the B.I.A. does not fund or operate a certain activity does not relieve the B.I.A. of its responsibility to assist Tribal governments to develop intergrated services and programs.

3. Provide for greater Tribal "input" into the development of a B.I.A. Aging Policy and programs, the identification of unmet needs of Indian elderly, and the development of requests and justifications for Congressial apropriations for Indian elderly services and activities.

4. Reimburse the Navajo Nation for all costs and expenses incurred in continuing a Navajo Aging Services Program during the Tribe's appeal of the B.I.A.'s wrongful and illegal refusal to approve the contracting of any B.I.A. aging services activity under P.L.93-638.

5. Direct the B.I.A. to develop an Aging Policy which emphasises home and

community services and activities rather than custodial and institutional care.

6. Direct the B.I.A. to include aging services activities as a higher priority in its annual budget requests to Congress.

7. Be prepared to hear additonal appropriation requests from tribes or the B.I.A. as the unmet needs of Indian elderly change or become better substantiated and documented.

Thank you again for this opportunity to testify about the serious problems affecting the Indian elderly of this great country and what the B.I.A. is doing, or not doing, to address those problems.

Sincerely,

Robert J. Wilson

Robert J. Wilson